04741 AAAP 00033

Staff

Form W-2 W	age and Tax Statement				
Copy C For EMPLOYE					
This information is being furnished to IRS. If ile a tax return, a negligence penalty or oth	r sanction may be Department of Treasury				
mposed on you if this income is taxable an Control 04741 AAAP	you fail to report it. Internal Revenue Service 00036				
Employer's name, address, and ZIP code	00036				
	NC				
15 WARREN ST,	SUITE # 31				
HACKENSACK NJ					
Employee's name, address, and ZIP code					
AVINASH KUMAR					
2203 BRIARVIE					
HOUSTON TX 77	077				
28,000.00					
1 Wages, tips, other comp.	2 Fed. income tax withheld				
3 Social security wages	4 Soc. sec. tax withheld				
5 Medicare wages and tips	6 Medicare tax withheld				
7 Social security tips	8 Allocated tips				
9 Verification code	10 Dependent care benefits				
44CA-AD63-320B-FA6	o opendent care penellts				
11 Nonqualified plans	12a				
	12b				
13 Statutory Retirement Third-party plan Sick pay	12c				
	12d				
Employee's SSN 089-91-1133	14				
Employer ID number (EIN)	1				
20-5754043	6				
15 St. Employer's state ID number	6 State wages, tips, etc. 17 State income tax				
10	0				
18 Local wages, tips, etc.	9 Local income tax 20 Locality name				

	Wages, Tips, Other Comp. Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages and Tips Box 5 of W-2
Gross Pay Less: Non-Taxable Earnings Less: Retirement Deductions Less: Other Pre-tax Deductions Less: Third Party Sick Pay	\$28,000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$28,000.00 (\$28,000.00) N/A \$0.00 \$0.00	\$28,000.00 (\$28,000.00) N/A \$0.00
Less: Excess Wages Total Reported Wages	\$0.00 N/A \$28.000.00	\$0.00 \$0.00 \$0.00	\$0.00 N/A \$0.00

2017 W-2 and Earnings Summary

Fed Income Box 2 of W-2 \$980.00 Social Security Box 4 of W-2 Medicare Box 6 of W-2

AVINASH KUMAR R PASUNOORI 2203 BRIARVIEW DR, HOUSTON, TX 77077

Tax Withheld

The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

Form W-2 W Copy 2 To Be Filed W Employee's State, City, or I Income Tax Return.	Local OMB No. 1545-0008 Department of Treasury Internal Revenue Service				
Employer's name, address, and ZIP code INDUS GROUP					
15 WARREN ST, HACKENSACK NJ	, SUITE # 31				
Employee's name, address, and ZP code AVINASH KUMAR R PASUNOORI 2203 BRIARVIEW DR, HOUSTON TX 77077					
28,000.0 1 Wages, tips, other comp.					
3 Social security wages	4 Soc. sec. tax withheld				
5 Medicare wages and tips 7 Social security tips	6 Medicare tax withheld 8 Allocated tips				
	6 Anocated tips				
9 Verification code 44CA-AD63-320B-FA6	10 Dependent care benefits				
11 Nonqualified plans	12a				
	12b				
13 Statutory Retirement Third-party plan sick pay	120				
	12d .				
Employee's SSN 089-91-1133	14				
Employer ID number (EIN) 20-5754043					
15 St. Employer's state ID number	16 State wages, tips, etc. 17 State income tax				
18 Local wages, tips, etc.	19 Local income tax 20 Locality name				

Form W-2 V	lag	je and	d T	ax	Sta	tement
Copy 2 To Be Filed With 2017				2017		
Employee's State, City, or Local OMB No. 1545-0 Department of Treasur				of Treasury		
Income Tax Return. Control 04741 AAAF)	000	26		hal Rev	enue Service
Employer's name, address, and ZIP code		000	30			
INDUS GROUP I	N	2				
15 WARREN ST,	5	SUIT	Έ	#	3	1
HACKENSACK NJ	Γ (0760)1			
Employee's name, address, and ZIP code AVINASH KUMAF	2 1	R PA	SI	JN	00	RI
2203 BRIARVIE	W	DR,				
HOUSTON TX 77		,				
28,000.0	0	980.00				
1 Wages, tips, other comp.	-	2 Fed.	inc	ome		withheld
3 Social security wages	_	4 Soc.	sec	c. tax	k with	nheld
5 Medicare wages and tips		6 Medicare tax withheld				
7 Social security tips		8 Allocated tips				
9 Verification code 44CA-AD63-320B-FA67		10 Dependent care benefits				
11 Nonqualified plans		12a				
		12b				
13 Statutory Retirement Third-party plan sick pay		12c				
	_	12d				
Employee's SSN 089-91-1133		14				
Employer ID number (EIN) 20-5754043						
15 St. Employer's state ID number	16 :	State wages	, tips	etc.	17 s	tate income tax
18 Local wages, tips, etc.	19 ι	ocal incom	e tax		20 נ	ocality name

Form W-2 Wage and Tax Statement Copy B To Be Filed With Employee's FEDERAL Tax Return. This Internation is being furnished to the IRS. Control 0 Control 0				
Control 04741 AAAF Employer's name, address, and 2P code INDUS GROUP 1 15 WARREN ST, HACKENSACK NJ	INC , SUITE # 31			
Employee's name, address, and ZP code AVINASH KUMAR R PASUNOORI 2203 BRIARVIEW DR, HOUSTON TX 77077				
28,000.0 1 Wages, tips, other comp.				
3 Social security wages	4 Soc. sec. tax withheld			
5 Medicare wages and tips 7 Social security tips	6 Medicare tax withheld 8 Allocated tips			
9 Verification code 44CA-AD63-320B-FA6	10 Dependent care benefits			
11 Nonqualified plans	12a			
13 Statutory Retirement Third-party plan sick pay				
Employee's SSN 089-91-1133	14			
Employer ID number (EIN) 20-5754043				
15 St. Employer's state ID number	16 State wages, tips, etc. 17 State income tax			
18 Local wages, tips, etc.	19 Local income tax 20 Locality name			