2017 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Dept. Corp. d Control number Employer use only

Employer's name, address, and ZIP code CYIENT INC 99 EAST RIVER DR 5TH FL EAST HARTFORD CT 06108

200

Batch #01483

845

e/f Employee's name, address, and ZIP code KIRAN JAMPANI 15016 MACADAM ROAD S **APT # 62**

020799 BOST/AGB

TUKWILA WA 98188 b Employer's FED ID number Employee's SSA number 823-47-6605 33-0867496 2 Federal income tax withheld Wages, tips, other comp 46423.79 6671.35 3 Social security wages 4 Social security tax withheld 46423.79 2878.28 Medicare wages and tips 6 Medicare tax withheld

46423.79 673.14 Social security tips 8 Allocated tips Verification Code 10 Dependent care benefits 589a-aed7-2035-910d 12a See instructions for box 12 11 Nonqualified plans

6300.00 DD 14 Other 120 12d 13 Stat emp. Ret. plan 3rd party sick pay

15 State Employer's state ID no. 16 State wages, tips, etc. WA 17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

Wages, tips, other comp. 2 Federal income tax withheld 46423.79 6671.35 Social security wages 46423.79 Social security tax withheld 2878.28 5 Medicare wages and tips 46423.79 6 Medicare tax withheld 673.14 Dept. d Control number Corp. Employer use only 020799 BOST/AGB 200 845 A

Employer's name, address, and ZIP code

CYIENT INC 99 EAST RIVER DR 5TH FL EAST HARTFORD CT 06108

Employer's FED ID number Employee's SSA number 33-0867496 823-47-6605 Social security tips 8 Allocated tips Verification Code 10 Dependent care benefits 589a-aed7-2035-910d 11 Nonqualified plans 12a See instructions for box 13 DD 6300.00 12b 14 Other 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay e/f Employee's name, address and ZIP code

KIRAN JAMPANI 15016 MACADAM ROAD S **APT # 62** TUKWILA WA 98188

15 State Employer's state ID no. 16 State wages, tips, etc. WA 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return. This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2017 pay stub plus any adjustments submitted by your employer.

Gross Pav 47451.31 Social Security Tax Withheld Box 4 of W-2

Fed. Income

Gross Pay

Reported W-2 Wages

Less Other Cafe 125

46,423.79

6671.35 **Medicare Tax** Withheld

2878.28

673.14

46,423.79

WA. State Income Tax Box 17 of W-2

46,423.79

SUI/SDI Box 14 of W-2

Tax Withheld Box 2 of W-2 Box 6 of W-2

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement. Wages, Tips, other Social Security Medicare WA. State Wages, Compensation Box 1 of W-2 Wages Wages Tips, Etc. Box 16 of W-2 Box 3 of W-2 Box 5 of W-2 47,451.31 47,451.31 47,451.31 1,027.52 1,027.52 1,027.52

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

KIRAN JAMPANI 15016 MACADAM ROAD S **APT # 62** TUKWILA WA 98188

Social Security Number: 823-47-6605 Taxable Marital Status: SINGLE

Exemptions/Allowances:

FEDERAL: 2

No State Income Tax STATE:

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Fold and Detach Here

1	Wages, tips, other of	omp. 23.79	2 Federa	al income	tax withheld 6671.35	
3	3 Social security wages 46423.79		4 Social security tax withheld 2878.28			
5	Medicare wages and 4642	wages and tips 46423.79		6 Medicare tax withheld 673.14		
d	Control number	Dept.	Corp.	Emplo	yer use only	
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Employer's name, address, and ZIP code

CYIENT INC 99 EAST RIVER DR 5TH FL EAST HARTFORD CT 06108

46423.79		
3 Social security wag 4642	3 Social security wages 46423.79	
	5 Medicare wages and tips 46423.79	
d Control number	Dept.	
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c Employer's name, a	ddress, a	
The second secon	7.00	

Wages, tips, other comp.

2878.28 Medicare tax withheld 673.14 Employer use only Corp. 845 A

2 Federal income tax withheld

4 Social security tax withheld

6671.35

ss, and ZIP code

CYIENT INC 99 EAST RIVER DR 5TH FL EAST HARTFORD CT 06108

b	Employer's FED ID number 33-0867496	a Employee's SSA number 823-47-6605	
7	Social security tips	8 Allocated tips	
9	Verification Code	10 Dependent care benefits	
11	Nonqualified plans	DD 6300.00	
14	Other	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay	
e/f	/f Employee's name, address and ZIP code		
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KIRAN JAMPANI 15016 MACADAM ROAD S **APT # 62** TUKWILA WA 98188

15 State Employer's state ID no. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

WA.State Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return. No. 1545-0008

b	33-0867496	823 - 47 - 6605			
7	Social security tips	8 Allocated tips			
9	Verification Code	10 Dependent care benefits			
11	Nonqualified plans	DD 6300.00			
14	Other	12b			
		12c			
		12d			
		13 Stat emp. Ret. plan 3rd party sick pa			
e/f	Employee's name, address a	nd ZIP code			

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ANDL	17 State	income tax	18	Local wages, tips, etc.
P. C.	19 Local	income tax	20	Locality name

WA.State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.