Notice to Employee Do you have to file? Refer to the Form 1040 Instructions to determine if you are required to file a tar ctrum. Even if you do not have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit. Emmed income credit (BGL), Nou may be able to take the EIC for 2017 if your adjusted gross income (AGI) is less than a certain amount. The annount of credit is based on income and framily size. Workers without children could quality for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC for your aivestment income is more than the specified amount for 2017 or if income is aread for services provided while you were an immate at a penal institution. For 2017 in come limits and more information, vist ww w are, societ. Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax lability is refunded to you, but only if you file a tax return. Aso see rub. 596, Earnee income Creati. Any EuC mar is more than your tax maonity is retunned to you, but only if you file a tax return. Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any

Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSA, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2 form our employer for all corrections mules ony our my filt them with your tax return. If your name and SSN are correct but archi the same as shown on your social security card, you should ask for a new card that dlapples your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at www.SSA.gov. **Cost of employer-spassored health coverage** (if such **cost** is provided by the **employer**). The reporting in Box 12, using Code DD, of the cost of **employer-spassored health coverage** (if such **cost** is provided by the **employer**). The reporting in Box 12, using Code DD, of the cost of **employer**-sponsored health coverage (if such cost of **employer-spassored health coverage** (if such **cost** is provided by the **employer**). The reporting in Box 12, using Code DD, of the cost of **employer**-sponsored health coverage (if such cost and **cost of the scccs** a gainst your federal income tax. If you had more than B7,886.40 in social security and/or Fier 1 railvoad retirement (RRT A) taxes were withheld, you also may be able to clain a credit for the scccss a gainst your federal income tax. If you had more than ore than afto, employer and more than \$4,630.50 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. Sec your Form 10400 Form 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Instructions for Emproved wages line of your tax return.
Box 1. Enter this amount on the federal income tax withheld line of your tax return.
Box 5. Your may be required to report this amount on Form 8999, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8999.
Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above

\$220,000.
Box 8. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.
You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated it parnount unless you can prove that you received a smaller amount. If you have records that show the actual amount of tips you received, a smaller amount If you have records that allocated tips of Form 4137 out will calculate the social security and Medicare Tax owed on the allocated tips shown on your Form(s) W-2 that you for the social security and Medicare tax owed on the allocated tips.

must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits). Box 9. If you are e-filing and if there is a code in this box, enter it when prompted by your software. The only valid characters are the ketters AF and numents (0-9. This code assists the IRS in validating the W-2 data submitted with your return. The code is not entered on paper-filed returns. Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (nc huding amounts from a section 125 (cafderina) plan). Any amount over 55,000 also is included in box 1. Complete Form 2441, Child and Dependent Care Experses, to compute any taxable and nontaxable amounts. Box 11. This amount is (0a) reported in box 1 if is a distribution made to you from a nonqualified deferred compensation rongovernmental section 457(b) plan the heacma taxable for social security and Medicare taxas this year because there is no longer a substantial risk of forferiture of your ight to the deferred amount. This box shoulds the town 457(b) plan that bacen taxable for social security and Medicare taxas this year because there is no longer a substantial risk of forferiture of your oyu are or will be age 62 by the end of the calendary arer, your employer should the Form SA-131, you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your return. Beckvice deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$18,000 (\$12,500 if you only have \$1MPLE plans; \$21,000 for section 403(b) plans; you qualify for the 15-year rule explained in Pub. \$711). Deferrals under code G are limited to \$18,000. Deferrals under code H are limited to

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A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions. C-Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social

ecurity wage base), and 5)

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See "Adjusted Grosss Income" in the Form 1040 instructions for how to deduct. J—Notaxable Six pay (information only, not included in boxes 1, 3, or 5) K—20% excise tax on excess golden parachate payments. See "Other Taxes" in the Form 1040

Instructions. L—Substantiated employee business sequences relatively for a first sequence over \$30,000 (forme employees only, see "Other Taxes" in the Form 1040 instructions. N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions. N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions. P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

O-Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on

Performance to the part of the performance of the p

–Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to mpute any taxable and nontaxable amounts. compute any taxable and nontaxable amounts. **V**—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting

requirements. W—Empbyer contributions (including amounts the employee elected to contribute using a section 125 (cafetria) plan) to your Health Savings Account. Report on Form 8889, Health Savings Accounts

(ISAs). Z—Deferrate under a section 409A nonqualified deferred compensation plan. Z—Derome under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Other Taxs" in the Form 1040 instructions. AA—Designated Roth contributions under a section 401(k) plan. BB—Designated Roth contributions under a section 403(b) plan. DB—Decost of employer-sponsored health coverage. The amount reported with Code DD is not taxable.

DD—Coxi of emphyser-sponsored health coverage. The amount reported with Code use is not travable.
 EE—Designated Roth contributions under at governmental section 457(b) plan. This amount does not apply to contributions under at a scenngt organization section 457(b) plan.
 FF—Permitted benefits under a qualified small emphyser health reinhursement arrangement Box 13.1 (ft for Steirnement plan" box is checked, special limits may apply to the amount of tradiniant IRA contributions you may deduct. See Pub. 500-A. Contributions to Individual Retrement Arrangement (IRAs).
 Box 14.2 Employers may use this box to report information such as state disaduet, nontaxable income, educational assistance payments, health insurance premiums deducted, nontaxable income, educational assistance payments, and a member of the ckrgy's paysonage allow ance and utilities.
 Railwaid emphysers use this box to report information such as state disadvect, nontaxable income, educational assistance payments, chalth insurance premiums deducted, nontaxable income, educational assistance payments, and memory of the ckrgy's paysonage allow ance and utilities.
 Railwaid emphysers use this box to report information such as state disadvect, nontaxable income, educational assistance payments, health insurance premiums deducted, nontaxable income, educational assistance payments, health insurance premiums deducted, nontaxable income, educational assistance payments, health insurance premiums deducted, nontaxable income, educational assistance payments, health insurance premiums deducted, nontaxable income, educational assistance payments, and and emphyse to the employer in information terms (RATA) compression. The Test of the test paysonage allow ance end utilities.

a SIMPLE reitement account that is part of a section 40(k) arrangement. E-Elective deferrals under a section 40(k) sulary reduction SEP G-Elective deferrals under a section 40(k) sulary reduction SEP G-Elective deferrals under a section 40(k) sulary reduction SEP G-Elective deferrals under a section 40(k) sulary reduction SEP G-Elective deferrals under a section 40(k) sulary reduction SEP G-Elective deferrals under a section 40(k) sulary reduction SEP G-Elective deferrals under a section 40(k) sulary reduction SEP G-Elective deferrals under a section 40(k) sulary reduction SEP G-Elective deferrals under a section 40(k) sulary reduction SEP G-Elective deferrals under a section 40(k) sulary reduction SEP G-Elective deferrals under a section 40(k) sulary reduction SEP G-Elective deferrals under a section 40(k) sulary reduction SEP G-Elective deferrals under a section 40(k) sulary reduction SEP G-Elective deferrals under a section 40(k) sulary reduction SEP G-Elective deferrals under a section 40(k) sulary reduction SEP G-Elective deferrals under a section 40(k) sulary reduction SEP G-Elective deferrals under a section 40(k) sulary reduction SEP G-Elective deferrals under a section 40(k) sulary reduction SEP G-Elective Generals under G-Elective Generals under G-Elective G-E

Form W-2 Wage and Tax Statement 2017

Copy C, for employee's records This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you bail to report it.

d Control number Void			Void	c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service		
0050-11036535	000000	00053-		SMART IT PROS INC		OMB No. 1545-0008		
b Employer's identification number a Employee's social security number			urity number	6001 N ADAMS RD SUITE #2	05			
36-4746476 792-31-2506		6	BLOOMFIELD HILLS MI 483		1 Wages, tips, other compensation 43920.00	2 Federal Income tax withheld 8061.50		
		Third- sick p		BECOMI IEED TIEED MI 405		3 Social Security wages	4 Social Security tax withheld	
12 See Instrs. for Box 12 14 Other				e Employee's name, address, and ZIP code		5 Medicare wages and tips 6 Medicare tax withheld		
				TIRUMALA D NALLAGACH 20225 BOTHELL EVERETT H	-	7 Social Security tips	8 Allocated Tips	
	APT# 1433				10 Dependent care benefits	11 Nonqualified plans		
			BOTHELL WA 98012		Verification Code			
						1b9e-ff84-027a-6dfd		
15 State Employer's state I.D. No. 16 State wages, tips, etc.			wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
<u> </u>								

Form W-2 Wage and Tax Statement

2017

Copy B, to be filed with employee's FEDERAL tax return

		•											
d Control number Void			c Employer's name, address, and ZIP code SMART IT PROS INC			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008							
0050-11036535 0000000053-													
b Employer's identification number a Employee's social security			s social security nu	Imber	6001 N ADAMS RD SUITE #205				1 Waru	1 Wages, tips, other compensation 2 Federal Income tax withheld			
36-4746476 792-31		31-2506		BLOOMFIELD HILLS MI 48304			43920.00		8061.50				
13 Statutory Retire Employee plan		ment Third-party sick pay					3 Socia	al Security wages	4 Social Security tax withheld				
12 See Instrs. for Box 12		2 1	14 Other			e Employee's name, address, and ZIP code			5 Medicare wages and tips 6 Medicare t		6 Medicare tax withheld		
						TIRUMALA D NALLAGACHU				7 Socia	al Security tips	8 Allocated Tips	
						202251	BOTHELL EVERE	TT HI	GHWAY				
						APT# 1	433			10 Dep	endent care benefits	11 Nonqualified plans	
						BOTH	ELL WA 98012						
						BOTTILLE WA 98012			Verification Code				
									1b9e-ff84-027a-6dfd				
15 State Employer's sta		/er's state l	ate I.D. No. 16 State wages		6 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	20 Locality name	
				1									

Form W-2 Wage and Tax Statement 2017

d Control number Void X					X	c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
b Employer's identification number a Employee's social security number				_		1 Wages, tips, other compensation	2 Federal Income tax withheld			
13 Statutory Retirement Third Employee plan sick		Third-party sick pay				3 Social Security wages	4 Social Security tax withheld			
12 See Ins	strs. for Box 1	2	14 Other			e Employee's name, address, and ZIP code		5 Medicare wages and tips	6 Medicare tax withheld	
								7 Social Security tips	8 Allocated Tips	
								10 Dependent care benefits	11 Nonqualified plans	
								Verification Code		
15 State Employer's state I.D. No. 16 Stat		16 State wages	s, tips, etc.	. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			