## 2017 W-2 and Earnings Summary

Form W-2	Wage and Tax Statement							
Copy C For EMPLOYEE'S RECORDS This information is being furnished to IRS. 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 fail to report it. Internal Revenue Service								
Control 04176 GOCH 00107								
Employer's name, address, and ZIP code SAIBERSYS INC. 2840 KELLER SPRINGS RD, SUITE 401 CARROLLTON TX 75006								
Employee's name, address, and ZIP code CHANDAN GOPU 17030 N 49TH ST APT 2033, SCOTTSDALE AZ 85254								
60,248.4 1 Wages, tips, other comp.								
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 EC4A-DBA3-DEFC-9E3	10 Dependent care benefits							
11 Nonqualified plans	12a							
	12b							
13 Statutory Retirement Third-party sick pay	120							
FII- CON	12d							
Employee's SSN 487-59-3774	14 CASDI 233.10							
Employer ID number (EIN) 20-8154530								
15 St. Employer's state ID number	16 State wages, tips, etc. 17 State income ta							
CA 01849611	25900.09 1266.27							
AZ 208154530	21748.38 391.47							
18 Local wages, tips, etc.	19 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	\$60,248.47 \$0.00 \$0.00	\$60,248.47 (\$60,248.47) N/A	\$60,248.47 (\$60,248.47) N/A
Less: Third Party Sick Pay	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
Less: Excess Wages	N/A	\$0.00	N/A
Total Reported Wages	\$60,248.47	\$0.00	\$0.00
	Fed Income	Social Security	Medicare
	Box 2 of W-2	Box 4 of W-2	Box 6 of W-2
Tax Withheld	\$9,397.32		
	CA State Wages, Tips, etc.	AZ State Wages, Tips, etc.	
	Box 16 of W-2	Box 16 of W-2	
Gross Pay	\$25,900.09	\$21,748.38	
Less: Non-Taxable Earnings Less: Retirement Deductions	\$0.00 \$0.00	\$0.00 \$0.00	
Less: Other Pre-tax Deductions		\$0.00	
Less: Third Party Sick Pay	\$0.00	\$0.00	
Total Reported Wages	\$25,900.09	\$21,748.38	
	CA State Income Tax	AZ State Income Tax	
	Box 17 of W-2	Box 17 of W-2	
Tax Withheld	\$1,266.27	\$391.47	

## CHANDAN GOPU 17030 N 49TH ST APT 2033, SCOTTSDALE, AZ 85254

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

## Form W-2 Wage and Tax Statement 2017 Copy B -- To Be Filed With OMB No. 1545-0008 Employee's FEDERAL Tax Return. Department of Treasury -Internal Revenue Service This information is being furnished to the IRS. Control 04176 GOCH 00107 Employer's name, address, and ZIP code SAIBERSYS INC. 2840 KELLER SPRINGS RD, SUITE 401 CARROLLTON TX 75006 Employee's name, address, and ZIP code CHANDAN GOPU 17030 N 49TH ST APT 2033, SCOTTSDALE AZ 85254 60,248.47 9,397.32 Wages, tips, other comp. Fed. income tax withheld 3 Social security wages 4 Soc. sec. tax withheld 6 Medicare tax withheld 5 Medicare wages and tips 7 Social security tips 8 Allocated tips 9 Verification code 10 Dependent care benefits EC4A-DBA3-DEFC-9E35 11 Nonqualified plans 12a 12b 13 Statutory Retirement Third-party sick pay 12c 12d Employee's SSN 14 487-59-3774 CASDI 233.10 Employer ID number (EIN) 20-8154530 15 St. Employer's state ID number 16 State wages, tips, etc. 17 State income tax CA 01849611 25900.09 1266.27 21748.38 391.47 AZ 208154530 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Form W-2 Wage and Tax Copy 2 To Be Filed With Employee's State, City, or Local			Statement 2017 OMB No. 1545-0008				
Income Tax Return.		artment of Treasury nal Revenue Service					
Control 04176 GOCH 00107							
Employer's name, address, and ZP code SAIBERSYS INC. 2840 KELLER SPRINGS RD, SUITE 401 CARROLLTON TX 75006							
Employee's name, address, and ZIP code CHANDAN GOPU 17030 N 49TH ST APT 2033, SCOTTSDALE AZ 85254							
60,248.4 1 Wages, tips, other comp.		9,397.32 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 EC4A-DBA3-DEFC-9E3	35	10 Dependent care benefits					
11 Nonqualified plans		12a					
		12b					
13 Statutory Retirement Third-party sick pay		12c					
		12d					
Employee's SSN 487-59-3774		14 CASDI		233.10			
Employer ID number (EIN) 20-8154530							
15 st. Employer's state ID number CA 01849611	16 State wages, tips, etc. 25900.09		17 State income tax 1266.27				
AZ 208154530	21748.38			391.47			
18 Local wages, tips, etc.	19 Local income tax			20 Locality name			

Copy 2 To Be Filed V Employee's State, City, or Income Tax Return.	Vith Loc	al		2017 OMB No. 1545-0008 artment of Treasury nal Revenue Service		
Control 04176 GOC	Н	00107	'			
Employer's name, address, and ZIP code SAIBERSYS INC. 2840 KELLER SPR CARROLLTON TX 7	ING		su	ITE 401		
Employee's name, address, and ZIP code CHANDAN GOPU 17030 N 49TH ST APT 2033, SCOTTSDALE AZ 85254						
60,248.47 1 Wages, tips, other comp.		9,397.32 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 EC4A-DBA3-DEFC-9E35		10 Dependent care benefits				
11 Nonqualified plans		12a 12b				
13 Statutory Retirement Third-part sick pay		12c				
l loss pay	Ī	12d				
Employee's SSN 487-59-3774		14 CASDI 233.1		233.10		
Employer ID number (EIN) 20-8154530						
15 St. Employer's state ID number CA 01849611		state wages, tips		17 State income tax 1266.27		
AZ 208154530	2	21748.38		391.47		
18 Local wages, tips, etc.	19 L	ocal income tax		20 Locality name		

Wage and Tax Statement

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't 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. Earned income credit (EIC). You may be able to take EIC for 2017 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2017 or if income is earned for services provided while you were an inmate at a penal institution. For 2017 income limits and more information, visit www.irs.gov/etc. Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded 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 employement 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 name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 1-800-772-1213. You also may visit the SSA at www.SSA.gov. Cost of employer-sponsored health coverage (if such cost is provided by employer). The reporting in box 12, using code DD, of th

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare

Tax. See the Form 1040 instructions to determine if you are required to complete

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

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 \$200,000.

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 & Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. On Form 4137 you will calculate the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you 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 soc. sec. 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. 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 total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 &/or 5 if it is prior year deferral under nonqualified or section 457(b) plan that became taxable for social security & Medicare taxes this year or will be age 62 by end of calendar year, your employer should file Form SSA-131, Employer Report of Special Wa

(Instructions for Employee continued on back of Copy C.)

**7 BW23UPI** NTF 2581318 Copyright 2017 Greatland/Nelco - Forms Software Only

## Instructions for Employee (continued)

Instructions for Employee (continued)

However, if you were at least age 50 in 2017, your employer may have allowed an additional deferral of up to \$6,000 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040. Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make—up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year. 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 security wage base), and 5)

D—Elective deferrals under a SIMPLE retirement account that is part of a section 401(k) carangement.

401(k) arrangement.

E--Elective deferrals under a section 408(k)(6) salary reduction agreement

F--Elective deferrals under a section 408(k)(6) salary reduction SEP

G--Elective deferrals and employer contributions (including nonelective deferrals)

G--Elective deterrals and employer contributions (including nonelective deterrals) to a section 457(b) deferred compensation plan
H--Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See "Adjusted Gross Income" in the Form 1040 instructions for how to deduct.
J--Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)
K--20% excise tax on excess golden parachute payments. See "Other Taxes" in the Form 1040 instructions.

Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in Form 1040 inst.

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)

Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this amount.

details on reporting this amount

R--Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.
S--Employee salary reduction contributions under a section 408(p) SIMPLE plan

(not included in box 1)

(not included in box 1)
T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to 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—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).
Y—Deferrals under a section 409A nonqualified deferred compensation plan Z—Income 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 Taxes" 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 DD—Cost of employer-sponsored health coverage. The amount reported with

DD—Cost of employer-sponsored health coverage. The amount reported with Code DD is not taxable.

EE—Designated Roth contribs. under a governmental section 457(b) plan. This amt.

does not apply to contributions under a tax–exempt organization section 457(b) plan. FF-–Permitted benefits under a qualified small employer health reimbursement

FF--Permitted benefits under a qualified small employer health reimbursement arrangement
Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).
Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filling your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

(Also see Notice to Employee on back of Copy B.)

(Also see Notice to Employee on back of Copy B.)