0081-A8108606

SECURONIX INC 5777 M CENTURY BLYD STE 838 LOS ANGELES CA 90045 The chart below indicates your 2017 voluntary payroll adjustments which are included (+), excluded (-), or did not affect (N/A) your federal wages $(Box\ 1)$ and state wages.

VOLUNTARY ADJUSTMENTS YTD AMOUNT FEDERAL MAGES

TO-PXCMP E 394.50 - 394.50

FEDERAL WITHHOLDING EXEMPTIONS S 3
TX WITHHOLDING EXEMPTIONS S 3

REGULAR HAGES FOR 2017

19615.38

RUGYEDA DESHMUKH 7421 FRANKFORD ROAD APT 838 DALLAS TX 75252

18026

Payrolls by Paychex, Inc.

Form W-2 Wage and Tax Statement 2017

Copy C, for employees records

0966100095-	id c Employer's name, address, and ZIP code SECURONIX INC	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
Employer's identification number 47-3465503 719-67-9026	5777 W CENTURY BLVD STE 838			
120 07 3020	LOS ANGELES CA 90045		2 Federal income tax withheld	
employee plan sick pay		19220.88		
2 See Instrs. for Box 12 14 Other		3 Social security wages 19220.88	4 Social security tax withheld 1191.69	
The same of the sa	e Employee's name, address, and ZIP code		6 Medicare tax withheld	
	RUGVEDA DESHMUKH	19220.88	278.70	
	7421 FRANKFORD ROAD APT 838	7 Social security tips	8 Allocated tips	
	DALLAS TX 75252	10 Dependent care benefits	11 Nonqualified plans	
5 State Employer's state I.D. No. 16 State wa		Verification Code 32ab-eae0-b715-f7d8		
5 State Lib. No. 16 State wa	es, tips, etc. 17 State income tax 18 Local wages, tips,		20 Locality name	
			*	

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 fall to report it

Form W-2 Wage and Tax Statement 2017

Copy B, to be filed with employees FEDERAL tax return

1 Control number 0081-A8108606 Void 0966100095-	c Employer's name, address, and ZIP code SECURONIX INC	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 1 Wages, tips, other compensation 2 Federal income tax withheld		
b Employer's identification number 47-3465503 a Employee's social security number 719-67-9026	5777 W CENTURY BLVD STE 838 LOS ANGELES CA 90045			
3 Statutory Retirement Third-party employee plan sick pay		3 Social security wages 4 Social security tax withhe		
12 See Instrs. for Box 12 14 Other	e Employee's name, address, and ZIP code RUGVEDA DESHMUKH 7421 FRANKFORD ROAD APT 838	5 Medicare wages and tips 6 Medicare tax withheld 19220.88 278.		
	DALLAS TX 75252	10 Dependent care benefits 11 Nonqualified plans		
		Verification Code 32ab-eae0-b715-f7d8		
15 State Employer's state I.D. No. 16 State wages,	tips, etc. 17 State income tax 18 Local wages, tips,	etc. 19 Local income tax 20 Locality name		

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Form W-2 Wage and Tax Statement 2017

d Control number Void X Employer's identification number g Employer's social security number		x	c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
		17.1			1 Wag	es, tips, other compensation	2 Federal income tax withheld
13 Statutory Retirement Third-party employee plea sick pay		rty			3 Soci	al security wages	4 Social security tax withheld
12 See Instrs. for Box 12 14 Other		e Emplo	Employee's name, address, and ZIP code		5 Med	icare wages and tips	6 Medicare tax withheld
					7 Social security tips		8 Allocated tips
					10 Dep	pendent care benefits	11 Nonqualified plans
					Verification Code		
5 State Employer's state I.D. No. 16 State wages,		wages, tips, etc.	tips, etc. 17 State income tax 18	18 Local wages, tips,	etc.	19 Local income tax	20 Locality name
9							

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