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2017 W-2 and EARNINGS SUMMARY

Employee Reference Copy ſ 4 Wage and Tax -2 Statement 1545-0008 Copy C for employee's records. d Control number Dept Corp. Employer use only RV/RQW 68 000227 Employer's name, address, and ZIP code с OMEGA SOLUTIONS INC 1900 LAFAYETTE ST STE 245 SANTA CLARA, CA 95050 Batch #97388 e/f Employee's name, address, and ZIP code SRIRAM KUMAR VARANASI 480 HALL STREET FOLSOM, CA 95630 Repo Employer's FED ID number a Employee's SSA number 74-3245469 806-22-2417 Wages, tips, other comp. Federal income tax withheld 34560.00 5089.56 3 Social security wages 4 Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld Social security tips 8 Allocated tips Verification Code 10 Dependent care benefits 12a See instructions for box 12 11 Nonqualified plans 12b 14 Other 12c 311.04 SDI 12d 13 Stat emp. Ret. plan3rd party sick pa

 15
 State
 Employer's
 state
 ID
 no.
 16
 State
 wages, tips, etc.

 CA
 282-7963
 6
 34560.00

1894.46

18 Local wages, tips, etc.

20 Locality name

17 State income tax

19 Local income tax

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 Pay	3456	60.00	Social Security Tax Withheld			CA. State In Box 17 of W		1894.46
			Box 4 of W-2			SUI/SDI		311.04
Fed. Income Tax Withhele	500	39.56	Medicare Tax Withheld			Box 14 of W	-2	
Box 2 of W-2			Box 6 of W-2					
2. Your Gross Pa	y was adjuste	ed as fo	ollows to produc	e your W	/-2 Statem	ent.		

		Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	Wages	34,560.00 34,560.00	34,560.00 0.00	34,560.00 0.00	34,560.00 34,560.00

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

SRIRAM KUMAR VARANASI 480 HALL STREET FOLSOM, CA 95630

Social Security Number: 806-22-2417 Taxable Marital Status: SINGLE

Exemptions/Allowances:

FEDERAL: 3 STATE: 3

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ĺ	1 Wages, tips, other comp. 34560.00				Wages, tips, other comp. 2 Federal income tax withheld 34560.00 5089.56		1 Wages, tips, other comp. 34560.00			2 Federal income tax withheld 5089.56				
ſ	3 Social security wages 4 Social security tax withheld		3 Social security wages		4 Social security tax withheld		3 Social security wages		4 Social security tax withheld					
5 Medicare wages and tips 6 Medicare tax withheld			5 Medicare wages and tips 6 Medicare tax withheld			5 Medicare wages and tips 6 Medicare tax withheld								
Ī	d Control number Dept.	Corp.	Employer use only	d Control number	Dept.	Corp.	Employer use only	d Cor	trol number	Dept.	Corp.	Employe	er use only	
L	000227 RV/RQW		68	000227 RV/RQW	i		68	00022	27 RV/RQ	W			68	
 ^c Employer's name, address, and ZIP code OMEGA SOLUTIONS INC 1900 LAFAYETTE ST STE 245 SANTA CLARA, CA 95050 				c Employer's name, address, and ZIP code OMEGA SOLUTIONS INC 1900 LAFAYETTE ST STE 245 SANTA CLARA, CA 95050				c Employer's name, address, and ZIP code OMEGA SOLUTIONS INC 1900 LAFAYETTE ST STE 245 SANTA CLARA, CA 95050						
Ī	b Employer's FED ID number a Employee's SSA number 74-3245469 806-22-2417				Employer's FED ID number a Employee's SSA number 74-3245469 806-22-2417			b Em	ployer's FED I 74-32454		a Employee's SSA number 806-22-2417			
Ī	7 Social security tips	8 Allocat		7 Social security tips		8 Allocated tips		7 Social security tips			8 Allocated tips			
	9 Verification Code	10 Depend	ent care benefits	9 Verification Code		10 Dependent care benefits		9 Ver	fication Code		10 Dependent care benefits			
	11 Nonqualified plans	12a See in	structions for box 12	11 Nonqualified plans		12a		11 Nor	qualified plans	6	12a			
Ī	14 Other	12b		14 Other		12b		14 Oth	er		12b			
	311.04 SDI 12			311.04 CA SDI	CA SDI	12c		311.04 CA SDI			12c			
						12d				12d				
		13 Stat emp	Ret. plan 3rd party sick pay		,	13 Stat emp	Ret. plan 3rd party sick pay				13 Stat emp	Ret. plan 3.	Brd party sick pay	
e/f Employee's name, address and ZIP code				e/f Employee's name, address and ZIP code					e/f Employee's name, address and ZIP code					
SRIRAM KUMAR VARANASI			SRIRAM KUMAR VARANASI				SRIRAM KUMAR VARANASI							
480 HALL STREET			480 HALL STREET					480 HALL STREET						
	FOLSOM, CA 95630			FOLSOM, CA	95630			FOLS	OM, CA	95630				
Ī	15 State Employer's state ID no. CA 282-7963 6	16 State v	vages, tips, etc. 34560.00	15 State Employer's s CA 282-7963	state ID no.	16 State v	ages, tips, etc. 34560.00	CA	Employer's 282-7963	state ID no 6	. 16 State w	ages, tips	s, etc. 34560.00	
	17 State income tax 1894.46	18 Local	wages, tips, etc.		394.46		vages, tips, etc.			894.46		wages, tips	s, etc.	
ĺ	19 Local income tax	20 Locality		19 Local income tax		20 Locality		19 Local income tax			20 Locality name			
	Federal Fil W-2 Wage au Statem Copy B to be filed with employee's Fe	2017	W-2 %	CA.State Reference Copy Wage and Tax Statement Copy 20017 Refurn. No. 1545-0008				CA.State Filing Copy Wage and Tax 2017 Statement Refurn. No. 1545-0008						