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 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.

Earned income (AGI) is less than a certain amount. The amount of credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have vaild social security numbers (SSNs). You can't take the ElC if your investment income is more than the specified amount for 2017 or if is come is earned for services provided while you were an inmate at a penal institution. For 2017 income limits and more information, visit www. *s.gov/eic. Also see Pub. 596, Earned Income Credit. Any ElC 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 employment record. Be sure to ask the employer to file Form W-2. 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-2. Form 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 and your should ask for a new card that displays your correct name at any SSA office or by calling

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 may also vist the SSA at www. SSA, gov. Cost of employer-sponsored health overage (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 is provided by the employer) information only. The amount reported with Code DD is not taxable. Credit for excess taxes. If you had more than one employer in 2017 and more than 57,886.40 in social security and/or Ter 1 raitroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your feloral income tax. If you had more than one raitroad employer and more than 64,630.50 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit for Ferm 1040 or Form 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax.

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 retur

Box 2. Lener this amount on the federal accining tax withheld line of your tax return.

Box 5. You 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 1.4% 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 exportance.

in Bax 5, as well as the 0.9% Addinonal Medicare 1 art on any or toose account of the 2500,000.

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.

To must file Form 4137, Social Security and Medicare Tax on Unreported Tay Income, with your income tax return to report at least the allocated it pamount unless you can prove that you received a smaller amount. If you have records that show the actual amount of tay you received a smaller amount. If you have records that show the actual amount of tay you received proper that amount occur 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 will be a 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 social security record (used to figure your benefits). Box 9. If you are c-filing and if there is a code in this box, enter a when prompted by your software. The only valid characters are the letters AF and numerals 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 (including amounts from a section 126 (cafeteria) plan). Any amount over \$5,000 also is included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to commute any tashbe and nontrashle amounts.

\$5,000 also is 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 for (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your plan to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employes should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contribut Lecture 1 Hz outburing use explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and ED) under all plans are generally limited to a total of \$18,000 (\$12,500 if you only have SIMPLE plans; \$21,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. \$71). Deferrals under code G are limited to \$18,000. Deferrals under code H are limited to \$7,000.

Contributions are for the current year. If no year shown, not the current year. If no year is shown, the contributions are for the current year.

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

—Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions.

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—Bective deferrads to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIAM/LE retirement account that is part of a section 401(k) arrangement.

E—Bective deferrals under a section 405(b) salary reduction agreement

F—Bective deferrals under a section 408(k)(6) salary reduction SEP

G—Bective deferrals and employer contributions (including nonebective deferrals) 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—Nontacable sick pay (information only, not included in boxes 1, 3, or 5)

K—Substantiated to the significant of the signi

P-Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3,

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

Q—vionaxane compact pay. See use austractions for Form 10-0 of Form 10-0.7 for declairs reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts. Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box

1)

—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—Employee 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 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 Code DD is not taxable.

taxable.

E—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FE—Permitted benefits under a qualified small employer health reinbursement 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 (IRA).

Has a contributions you may deduct. See Pub. 590-A. Contributions to Individual Retrement
Arrangements (RAAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withbeld, union dues, uniform payments, health insurance premiums deducted, notativable income, educational assistance payments, bearlines mance premiums deducted, notativable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retrement (RETA) compensation, Ter 1 tax, Ter 2 tax, Medactare tax and Additional Medicare Tax. Include tips reported by the employer to the employer of the control of the property of the employer to the employer of the emplo

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 immosed on you if this income is subble and you fail to report it.

| | o and Tax Statom | | 2011 | r, -, .c. cp.c, | may be imposed | on you if this income is taxable and you f | |
|---------------------------|------------------------------|-----------------|--|----------------------------|--|--|--|
| | 0000000045- | | c Employer's name, address, and ZIP code CODE SOURCE 360 | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | |
| | a Employee's social security | | 1601 E LAMAR BLVD STE 205 | | 1 Wages, tips, other compensation 6590.90 3 Social Security wages | 2 Federal Income tax withheld 566.49 | |
| 12 See Instrs. for Box 12 | 14 Other | | ARLINGTON TX 76011 e Employee's name, address, and ZIP code | | 5 Medicare wages and tips | 6 Medicare tax withheld | |
| | | | MARUTHI M MADHAVAPEI 1503 SUMMERBAY CIRCLE | | 7 Social Security tips | 8 Allocated Tips | |
| | | | ARLINGTON TX 76011 | | 10 Dependent care benefits Verification Code | 11 Nonqualified plans | |
| | | | | | | -7fc1-106b | |
| 15 State Employer's st | ate I.D. No. 16 State wa | ges, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | |

Form W-2 Wage and Tax Statement

2017

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

| d Control number | Void | | Void | | | Department of the Treasury - Internal Revenue Service | |
|--|----------------------------|------------------------|----------------------------|--|------------------|---|--------------------------------|
| 0072-18070743 0 | 000000045- | | | | | OMB No. 1545-0008 | |
| b Employer's identification number a Employee's social security number | | | mber | 1601 E LAMAR BLVD STE 205 | | | |
| 61-1744184 013-75-8814 | | | | | | 1 Wages, tips, other compensation | 2 Federal Income tax withheld |
| | 0.20 /0 002 / | | | | | 6590.90 | 566.49 |
| | | | | ARLINGTON TX 76011 | | 3 Social Security wages 4 So | 4 Social Security tax withheld |
| Employee | an | n sick pay | | | | | |
| | | | | | | | |
| 12 See Instrs. for Box 12 | nstrs. for Box 12 14 Other | | | e Employee's name, address, and ZIP code | | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | | | | | | |
| | | MARUTHI M MADHAVAPEDDY | | | DDY | 7 Social Security tips | 8 Allocated Tips |
| | | | | 1503 SUMMERBAY CIRCLE | A DT 206 | | · |
| | | | | ARLINGTON TX 76011 | | 10 Dependent care benefits | 44 Non-malified olema |
| | | | | | | to bependent care benefits | 11 Nonqualified plans |
| 1 | | | | | | | |
| 1 | | | | | | Verification Code | |
| | | | | | | bd7b-3c37-7fc1-106b | |
| 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 | | |
| 1 | | l , | • | | 1 | | i i |
| | | | | | | | |
| | | 1 | | | 1 | | |
| l l | | I | | | 1 | | 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 Employee plan | | Third-party sick pay | | | | 3 Social Security wages | 4 Social Security tax withheld | |
| 12 See Instrs. 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 | | . No. | 16 State wages | , tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| | | | | | | | | |