Law return. Even if you do not have to file a tax return. Even if you do not have to file a tax return. Seven if you do not have to file a tax return, you may be digible for a refund if bwa 2 shows an amount or if you are cligible for any credit.

Earned Income Credit. (EEC). You may be able to take the EIC for 2017 if your adjusted gross income (AGI) is less than a certain amount. The amount of credit is based on income and family size. I Workers without children could qualify for a smaller credit. You and any qualifying didner 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 enamed for services provided while you were an inmute at a penul assistation. For 2017 income limits and more information, visit www.rs.gov/eic.

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.

Correction St. Fy your name, SSN, or address is incorrect, exercet Copies B.C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2e, corrected Ways and Tax Statement, with the Social Security Administration (SSA) to correct any aname, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2e 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 an new card that displays your correct name at any SSA office or by calling 1-800.772-1213. You may sho visit the SSA at www.SSA, gov.

Cost of employer-sponsored health coverage (fir such cost is provided by the employer). The reporting in Box 12, using Code DD, of the cost of employ

Instructions for Employee

Instructions for Employee

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

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

Box 5. You may be required to eport this amount on Form 8999, Additional Medicare Tax. See the

Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.4598 Medicare Tax withheld on all Medicare wages and tips shown in Box 5, as well as the 0.9% Additional Medicare Tax withheld on all Medicare wages and tips shown in Box 5, as well as the 0.9% Additional Medicare Tax withheld on all Medicare wages and tips shown in Box 5, as well as the 0.9% Additional Medicare Tax withheld on all Medicare wages and tips shown

in Box 3, as well as the User remained in the control of the second of t

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 a mount of if you are eligible for a great for 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 a mount of if you are eligible for a great for the file of the

copy.

Bas 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 contributions (codes A.A. Ba, and EE) under all plans are generally limited to a total of \$18,000 (\$12. 50.) if you only have SIMPLE plans; \$21,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$18,000. Deferrals under code H are limited to \$7,000.

57,000.

Strong of the strong

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—Nontrazolle sick, ppr (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.

instructions.

L—Substantiated employee business expense reimburs ements (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 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 reimbur sements paid directly to employee (not included in boxes 1, 3,

are the second of the property of the second of the property of the second of the property of the pr

-Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on orting this amount.

orting this amount. —Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and ng-Term Care Insurance Contracts. —Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box

Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to upute 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

security wage base), and 5). See Pub. 325, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 12.5 (cafeteria) plan) to your Health Savings Account. Report on Form 8889, Health Savings Accounts

Form	W-2	Mane	and	Tav	Statement
LOHIII	V V -Z	wayc	aliu	Iax	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 negligible perhaps for the sention

roim tt-2 trage t		2017		, ioi cilipioy	may be imposed	on you if this income is taxable and you			
	0000858-	EGEN	's name, address, and ZIP code SOLUTIONS INC		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
b Employer's identification number a Employee's social security num 36-4386212 484-73-4060 13 Statutory Retirement Third-party		3547 V	ANILLA GRASS DRIVE RVILLE IL 60564		1 Wages, tips, other compensation 71476.00	² Federal Income tax withheld 14012.6			
Employee plan	sick pay				3 Social Security wages 71476.00	4 Social Security tax withheld 4431.5			
12 See Instrs. for Box 12 DD 6420.12		KIRAN 2571 N	o's name, address, and ZIP code I LOKESH W OVERLOOK DR APT 618	3	Medicare wages and tips	6 Medicare tax withheld			
		HILLS	BORO OR 97124		Verification Code dcad-1c08-				
15 State Employer's state .1	D. No. 16 State wages,	tips, etc. 71476.00	1	ocal wages, tips, etc.	19 Local income tax	20 Locality name			

Form W-2 Wage and Tax Statement

2017

2017

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

				c Employer's name, address, and ZIP code EGEN SOLUTIONS INC 3547 VANILLA GRASS DRIVE				Department of the Treasury - Internal Revenue Service OMB No. 1545-0008					
			1 Wages					tips, other compensation	2 Federal Income tax withheld				
	36-4386212 484-73-4060			NAPERVILLE IL 60564					71476.00		14012.63		
13 Statutory Retirement Third-party Employee plan sick pay								3 Social	Security wages 71476.00	4 Social Security tax withheld 4431.51			
12 See DD	12 See Instrs. for Box 12				e Employee's name, address, and ZIP code KIRAN LOKESH 2571 NW OVERLOOK DR APT 618				5 Medicare wages and tips 6 Medicare tax withheld 71476.00			1036.40	
											8 Allocated Tips	1000.11	
			HILLSBORO OR 97124				10 Depe	ndent care benefits	11 Nonqualified plans				
										Verifi	cation Code	•	
								dcad-1c08-6212-b7fb					
15 State	Emplo	yer's state	I.D. No.	16 State wages,	tips, etc.		17 State income tax	. 1	8 Local wages, tips, etc.		19 Local income tax	20 Locality name	
OR	150901	17-0			7	1476.00	5737	7.23					

Form W-2 Wage and Tax Statement

Copy 2, to be filed with employee's tax return for

									-		. ,		
					c Employer's name, address, and ZIP code EGEN SOLUTIONS INC				Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
36-4386212 484-73-4060		mber	3547 VANILLA GRASS DRIVE NAPERVILLE IL 60564			1 Wage	1 Wages, tips, other compensation 2 Federal Income tax withheld 71476.00 1401						
13 Statutory Retirement Third-party Employee plan sick pay									3 Socia	ll Security wages 71476.00	4 Social Security tax withheld 4431.51		
12 See Instrs. for Box 12			•		e Employee's name, address, and ZIP code				5 Medio	care wages and tips 71476.00	6 Medicare tax withhel	1036.40	
				KIRAN LOKESH 2571 NW OVERLOOK DR APT 618				7 Socia	l Security tips	8 Allocated Tips			
			HILLSBORO OR 97124			10 Dep	10 Dependent care benefits 11 Nonqualified plans						
										Verif	fication Code		
15 State OR	Employ 150901	rer's state I.D. 7-0	No.	16 State wages,		1476.00	17 State income tax	5737.23	18 Local wages, tips, etc.		19 Local income tax	20 Locality name	Đ