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. From 1790 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 innoune recvit (EIC). 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. Workers without châldren could qualify for a smaller credit. You and any qualifying châldren must have valid social security numbers (SSNs). You can that the HEI City our investment income is more than the specified amount for 2017 or if income is earned for services provided while you were an intant at a penal institution. For 2017 in come limits and more information, vist www. six govietic.

Also see Pub. 596, Earnel Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Also see Pub. 390, named informe cream. Full factors and a finite factor 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-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-2 from your employer for all corrections made so you may fift 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 mame at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at www.SSA, gov. Cost of employer-sponsored beath coverage (is ache tost is provided by the employer). The reporting in Box 12, using Code DD, of the cost of employer-sponsored health coverage is for your 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 \$7,886.40 in social security and/or Fire 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess gainsty our federal income tax. If you had more than ore than \$1,630.50 in Ter 2 RRTA tax was withheld, you also may be able to claim a credit for Form 1040 or Form 1040A instructions and Pub. 505. Tax Withholding and Estimated Tax. Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any

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 ine 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 Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in Box 3, 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 and 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 social security record (used to figure your benefits).

Box 9. If you are e-filing and if there is a code in this box, enter if 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 125 (cafeteria) plani). Any amount over \$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 deferred unount. This box should the two 457(b) plan the became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box should fit be true diff you had a deferral amount for Shot 131, we should fit be year, your employer should fits Form SSA-131, you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Blective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EB), under all plans are generally limited to a total of \$18,000 (\$12,500 if you only have SIMPLE plans; \$21,000 for section 40(5b) plans if you qualify for the 15-year rule explained in Pub. \$711). Deferrals under code G are limited to \$18,000. Deferrals under code H are limited to

have SMPLE plans; \$21,000 for section 40(8) plans if you qualify for the 15-year rule explained in Pubs. 571). Deferrals under code G are limited to \$18,000. Deferrals under code H are limited to \$7,000. Here were the second of the second of the second of \$1,000. Here were, if you were at least age \$0 in 2017, your employer may have allowed an additional deferral of up to \$6,000 (\$3,000 for section 40(10)(1) and 40(8); SIMPLE plans). This additional deferral mutual is not additional observation of the sort object to be section of the sectio

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 Six 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.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over

\$50,0000 (former employees only), See "Other Taxes" in the Form 1000 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 1000 instructions.

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

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

Q—consalance console pay. 1. Care reporting this amount in several pays are reporting this amount in Section 18. 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

—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to impute any taxable and nontaxable amounts. compute any taxable and nontaxable amounts.

W—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—Emphyer 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).

**Z—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 plas interest. See "Other Taxes" in the Form 1040 instructions under a section 401(k) plan.

**AA—Designated Roth contributions under a section 403(b) plan.

**DD—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.

DD—Cox of employers sponsored health coverage. The amount reported with Code DD is not such as the sum of the present sponsored health coverage. The amount reported with Code DD is not such as the sum of the present sponsored health coverage. The amount reported with Code DD is not such as the sum of the present sponsored health coverage. The amount reported with Code DD is not such as the sum of the present sponsored health coverage. The amount reported with Code DD is not such as the sum of the present sponsored health coverage. The amount reported with Code DD is not such as the sum of the present sponsored health coverage. The amount reported with Code DD is not such as the sum of the present sponsored health coverage. The amount reported with Code DD is not such as the sum of the present sponsored health coverage. The amount reported with Code DD is not such as the sum of the present sponsored health coverage. The amount reported with Code DD is not such as the sum of the present sponsored health coverage. The amount reported with Code DD is not such as the sum of the present sponsored health coverage. The amount reported with Code DD is not such as the sum of the present sponsored health coverage. The amount reported with Code DD is not such as the sum of the present sponsored health coverage. The amount reported with Code DD is not such as the sum of the present sponsored health coverage. The amount reported with Code DD is not such as the sum of the present sponsored health coverage. The amount reported with Code DD is not such as the sum of the present sponsored health coverage. The amount reported with Code DD is not such as the sum of the present sponsored health coverage. The amount reported with Code DD is not such as the sum of the present sponsored health coverage. The sunder section 45(to) plan. Thi

_		'	_	
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 immosted on your if this income is suble and you fail to report it.

				may be imposed	on you it this income is taxable and you i		
d Control number Void		Void	c Employer's name, address, and ZIP code	Department of the Treasury - Internal Revenue Service			
.,	00100164-		MYTHRI CONSULTING LLC	OMB No. 1545-0008			
b Employer's identification numbe	, , , , , , , , , , , , , , , , , , , ,	mber	8668 JOHN HICKMAN PARKWAY	1 Wages, tips, other compensation	2 Federal Income tax withheld		
46-5248404	655-39-6411		SUITE 402	22707.98	3675.79		
13 Statutory Retirement Third-party Employee plan sick pay			FRISCO TX 75034	3 Social Security wages	4 Social Security tax withheld		
			1 Kisco 1X 75054	22707.98	1407.89		
12 See Instrs. for Box 12	4 Other		e Employee's name, address, and ZIP code	5 Medicare wages and tips	6 Medicare tax withheld		
				22707.98	329.27		
1 1		KRISHNA J KOTHARI 8400 STONEBROOK PKWY	7 Social Security tips	8 Allocated Tips			
			FRISCO TX 75034	10 Dependent care benefits	11 Nonqualified plans		
				Verification Code			
				7ee4-33d8-	-9a9a-d102		
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		

Form W-2 Wage and Tax Statement

2017

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

1 01111 11-2	vage a	iiu iux	Otatemen		2017	001	y b, to be mee		employee 3 i EDEI	IAL IAX ICIAIII	
d Control number Void 0942-16028015 0000100164-			c Employer's name, address, and ZIP code MYTHRI CONSULTING LLC			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008					
b Employer's identific 46-5248404 13 Statutory Employee	13 Statutory Retirement Third-party		ımber	8668 JOHN HICKMAN PARKWAY SUITE 402 FRISCO TX 75034				22707.98 al Security wages 22707.98	2 Federal Income tax withit 4 Social Security tax withit	3675.79	
12 See Instrs. for Box	12 14	Other			KRISHNA 8400 STO	Me, address, and ZIP code A J KOTHARI NEBROOK PKWY		7 Soci	care wages and tips 22707.98 al Security tips	6 Medicare tax withheld 8 Allocated Tips 11 Nonqualified plans	329.27
15 State Empl	oyer's state I.C) No	16 State wages	tino etc	FRISCO T	X /5034	18 Local wages, tips, etc.	Verification Code 7ee4-33d8-9a9			
is state Empl	oyer a state i.t	. 140.	To State Wages	, upo, etc.		7 State Income tax	To Local mages, tips, etc.		19 Local mooned tax	20 Locality Harrie	

Form W-2 Wage and Tax Statement 2017

d Control number Void X		c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
b Employer	r's identification num	ber a Employee'	s social security nu	mber				
							1 Wages, tips, other compensation	2 Federal Income tax withheld
13 Statut Employ	tory Rei yee pla	tirement in	Third-party sick pay				3 Social Security wages	4 Social Security tax withheld
12 See Inst	trs. for Box 12	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 stat	e I.D. No.	16 State wages,	, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
			I		l l			1