. •	age and Tax	Statement		
Copy C For EMPLOYEE		2017		
This information is being furnished to IRS. If y file a tax return, a negligence penalty or othe	r sanction may be Dep	OMB No. 1545-0008 artment of Treasury		
imposed on you if this income is taxable and you fail to report it. Internal Revenue Service				
Employer's name, address, and ZIP code	00046			
	IONS INC	r		
	DR	-		
FOLSOM CA 956	30			
Employee's name, address, and ZIP code				
SRIKANTH ABBO				
1040 REGALPOI		RACE , 1		
LAKE MARY FL	32746			
46,154.74	3,241.64			
1 Wages, tips, other comp.	2 Fed. income tax withheld			
39,380.65	2,441.56			
3 Social security wages	4 Soc. sec. ta			
39,380.65		571.01		
5 Medicare wages and tips 7 Social security tips	-	6 Medicare tax withheld		
7 Social security tips	8 Allocated tips			
9 Verification code	10 Dependent	10 Dependent care benefits		
73A8-5417-1562-6913		To Dependent care benefits		
11 Nongualified plans	12a DD	6011.10		
	12b			
13 Statutory Retirement Third-party plan Sick pay	12c			
	12d			
Employee's SSN	14			
017-93-6259	EV1	18.06		
Employer ID number (EIN)				
20-2965578				
15 St. Employer's state ID number 1	6 State wages, tips, etc.	17 State income tax		
NTT OOD OCE ERO (OOD	1818.17 32.20			
NJ 202-965-578/000	1010.17	52.20		

19 Local income tax

Wage and Tax Statement

00046

20 Locality name

2017

OMB No. 1545-0008

Department of Treasury --Internal Revenue Service

3,241.64

2,441.56

571.01

6011.10

18.06

32.20

20 Locality name

2 Fed. income tax withheld

4 Soc. sec. tax withheld

6 Medicare tax withheld

10 Dependent care benefits

8 Allocated tips

12a DD

12b

12c 12d

14

EV1

1818.17

19 Local income tax

18 Local wages, tips, etc.

Form W-2

Copy B -- To Be Filed With

This information is being furnished to the IRS. Control OJE08 1655

Employee's FEDERAL Tax Return.

605 COOLIDGE DR FOLSOM CA 95630

Employee's name, address, and ZIP code SRIKANTH ABBOORI

LAKE MARY FL 32746

46,154.74

39,380.65

39,380.65

Wages, tips, other comp.

3 Social security wages

5 Medicare wages and tips 7 Social security tips

73A8-5417-1562-6913

13 Statutory Retirement Third-party plan sick pay

017-93-6259

Employer ID number (EIN) 20-2965578 15 St. Employer's state ID number

NJ 202-965-578/000

9 Verification code

Employee's SSN

18 Local wages, tips, etc.

11 Nongualified plans

Employer's name, address, and ZIP code AGREEYA SOLUTIONS INC

1040 REGALPOINTE TERRACE ,

	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages and Tips
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2
Gross Pay	\$47,359.84	\$47,359.84	\$47,359.84
Less: Non-Taxable Earnings	\$0.00	(\$6,774.09)	(\$6,774.09)
Less: Retirement Deductions	\$0.00	N/A	N/A
Less: Other Pre-tax Deductions	(\$1,205.10)	(\$1,205.10)	(\$1,205.10)
Less: Third Party Sick Pay	\$0.00	\$0.00	\$0.00
Less: Excess Wages	N/A	\$0.00	N/A
Total Reported Wages	<b>\$46,154.74</b>	<b>\$39,380.65</b>	<b>\$39,380.65</b>
Tax Withheld	Fed Income	Social Security	Medicare
	Box 2 of W-2	Box 4 of W-2	Box 6 of W-2
	\$3,241.64	\$2,441.56	\$571.01

	NJ State Wages, Tips, etc.
	Box 16 of W-2
Gross Pay Less: Non-Taxable Earnings Less: Retirement Deductions Less: Other Pre-tax Deductions Less: Third Party Sick Pay	\$1,818.17 \$0.00 \$0.00 \$0.00 \$0.00
Total Reported Wages	\$1,818.17
	NJ State Income Tax
	Box 17 of W-2

Tax Withheld

## SRIKANTH ABBOORI 1040 REGALPOINTE TERRACE , 106 LAKE MARY, FL 32746

The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

\$32.20

Form W-2 Wage and Tax Copy 2 To Be Filed With				Statement 2017	
Employee's State, City, or				OMB No. 1545-0008	
Income Tax Return.				artment of Treasury nal Revenue Service	
Control OJE08 165	5	00046			
Employer's name, address, and ZIP code					
AGREEYA SOLU		ONS I	NC		
605 COOLIDGE					
FOLSOM CA 95					
FOLSOM CA JJ	0.0				
Employee's name, address, and ZP code SRIKANTH ABBOORI 1040 REGALPOINTE TERRACE , I LAKE MARY FL 32746					
46,154.7	'4		3,	241.64	
1 Wages, tips, other comp		2 Fed. inc	ome	e tax withheld	
39,380.6	55		2	441.56	
3 Social security wages	-			x withheld	
39,380.6	5			571.01	
5 Medicare wages and tip	6 Medicare tax withheld				
7 Social security tips		8 Allocated tips			
		o Allocated lips			
9 Verification code		10 Dependent care benefits			
73A8-5417-1562-6913					
11 Nongualified plans		12a DD		6011.10	
		12b			
13 Statutory Retirement Third-party plan Sick pay		12c			
		12d			
Employee's SSN					
017-93-6259		14 EV1 18.06			
Employer ID number (EIN) 20-2965578					
15 St. Employer's state ID number 1		State wages, tips	etc.	17 State income tax	
NJ 202-965-578/000		1818.17 32.2		32.20	
18 Local wages, tips, etc. 1		Local income tax		20 Locality name	

Form Copy 2	To Be	Filed W	/ith	•	Гах	Statement 2017
Employee	,	•	Loc	cal	Dep	artment of Treasury
Income Ta						nal Revenue Service
number UU	E08	165	_	00046	)	
Employe's name, address, and ZP code AGREEYA SOLUTIONS INC 605 COOLIDGE DR FOLSOM CA 95630						
Employee's name, address, and ZIP code SRIKANTH ABBOORI 1040 REGALPOINTE TERRACE , LAKE MARY FL 32746						
4	46,15	64.7	4		3,	241.64
1 Wages,	tips, othe	r comp.		2 Fed. inc	ome	e tax withheld
	39,38	0.6	5	2,441.56		
3 Social s	ecurity wa	ages		4 Soc. sec. tax withheld		
	39,38	0.6	5	571.01		
5 Medicare wages and tips			;	6 Medicare tax withheld		
7 Social security tips				8 Allocated tips		
9 Verification code 73A8-5417-1562-6913			13	10 Dependent care benefits		
11 Nongualified plans			12a DD		6011.10	
				12b		
13 Statutory Retirement Third-party plan Sick pay		/	12c			
		olon pay		12d		
Employee's SSN 017-93-6259				14 EV1		18.06
Employer ID number (EIN) 20-2965578						
15 St. Employer's state ID number 1		16	State wages, tips	, etc.	17 State income tax	
NJ 202-965-578/000			1818.17 32.20			
18 Local wages, tips, etc. 1		19	Local income tax		20 Locality name	

16 State wages, tips, etc. 17 State income tax

**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 don't 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 credit (EIC). You may be able to take EIC for 2017 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children 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 earned for services provided while you were an inmate at a penal institution. For 2017 income limits and more information, visit www.irs.gov/eitc. 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. 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-2c form your men by er 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 a new card that displays your corrects and any SSA office or by calling 1-800-772-1213. You also may visit the SSA at www.SSA.gov. Cost of employer-sponsored health coverage (if such cost is provided by employer). The reporting in box 12, using code DD, of the

**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 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 8050 Form 8959.

Box 6. This amount includes the 1.45% 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

Box 6. This amount includes the 1.45% 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 \$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. Wu must file Form 4137, Social Security & 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 soc. sec. record (used to figure your benefits). Box 9. If you are e-filing and if there is a code in this box, enter it when prompted by your software. 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 total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts. Box 10. 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, or (b) included in box 3 &/or 5 if it is prior year deferral under nonqualified or section 457(b) plan that became taxable for social security & Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn' b (Instructions for Employee continued on back of Copy C.)

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## Instructions for Employee (continued)

**Instructions for Employee** (continued) However, if you were at least age 50 in 2017, your employer may have allowed an additional deferral of up to \$6,000 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040. Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year. A---Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions. B--- Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 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--- Elective deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement. E-- Elective deferrals under a conting 402(k) clay production agroement.

How do the arrangement. E - Elective deferrals under a section 403(b) salary reduction agreement E - Elective deferrals under a section 408(k)(6) salary reduction SEP G - Elective deferrals and employer contributions (including nonelective deferrals)

Benefitive deterrats and employer contributions (including indelective deterrats) 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--Nontaxable sick 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.

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 \$50,000 (former employees only). See "Other Taxes" in Form 1040 inst. 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 reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q--Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on renorting this amount

details on reporting this amount

R--Employer contributions to your Archer MSA. 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 1)

DD--Cost of employer-sponsored health coverage. The amount reported with Code DD is not taxable. EE--Designated Roth contribs. under a governmental section 457(b) plan. This amt. does not apply to contributions under a tax–exempt organization section 457(b) plan. FF––Permitted benefits under a qualified small employer health reimbursement

FF--Permitted benefits under a qualified small employer health reimbursement 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 (IRAs). Box 14. Employers may use this box to report information such as state disability insurance taxes with held, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation. Tier 1 tax, Tier 2 tax, Medicare tax and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation. Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. (Also see Notice to Employee on back of Copy B.)

(Also see Notice to Employee on back of Copy B.)

(not included in box 1)
T--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--Employer 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 Z--Income under a nonqualified deferred compensation plan 22-on the state of the taxis of taxis of the taxis of taxis of the taxis of taxis of