## 04741 A025 00029

Staff

Box 6 of W-2

2017	W-2	and	Earnings	Summary
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Box 2 of W-2

\$1,644.00

Form W-2 V	Vage and Tax Statement		
Copy C For EMPLOYE This information is being furnished to IRS.			
file a tax return, a negligence penalty or oth imposed on you if this income is taxable ar	ther sanction may be Department of Treasury -		
Control 04741 A025			
Employer's name, address, and ZIP code INDUS GROUP	INC		
	, SUITE # 31		
HACKENSACK N	J 07601		
Employee's name, address, and ZIP code			
	IEW DR		
	7077		
33,600.0			
1 Wages, tips, other comp.	2 Fed. income tax withheld		
3 Social security wages	4 Soc. sec. tax withheld		
<ul> <li>5 Medicare wages and tips</li> <li>7 Social security tips</li> </ul>	6 Medicare tax withheld 8 Allocated tips		
7 Social security tips	8 Allocated tips		
9 Verification code 843F-6752-FCE3-B0E	10 Dependent care benefits		
11 Nonqualified plans	12a		
Deleter Deleter Deleter	12b		
13 Statutory Retirement Third-party plan sick pay	120		
Employee's SSN	12d		
197-57-7298	14		
Employer ID number (EIN) $20 - 5754043$			
15 St. Employer's state ID number	16 State wages, tips, etc. 17 State income tax		
18 Local wages, tips, etc.	19 Local income tax 20 Locality name		

	Wages, Tips, Other Comp. Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages and Tips Box 5 of W-2	
Gross Pay Less: Non-Taxable Earnings Less: Retirement Deductions Less: Other Pre-tax Deductions Less: Third Party Sick Pay Less: Excess Wages	\$33,600.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A	\$33,600.00 (\$33,600.00) N/A \$0.00 \$0.00 \$0.00	\$33,600.00 (\$33,600.00) N/A \$0.00 \$0.00 N/A	
Total Reported Wages	\$33,600.00	\$0.00	\$0.00	
	Fed Income	Social Security	Medicare	

Box 4 of W-2

Tax Withheld

## SAIROOP MANDATI 2203 BRIAR VIEW DR HOUSTON, TX 77077

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.

Copy 2 To Be Filed W Employee's State, City, or Income Tax Return.		17 5-0008 sury		
Control 04741 A02				
Employe's name, address, and ZIP code INDUS GROUP INC 15 WARREN ST, SUITE # 31 HACKENSACK NJ 07601				
Employee's name, address, and ZP code SAIROOP MANDATI 2203 BRIAR VIEW DR HOUSTON TX 77077				
33,600.0 1 Wages, tips, other comp.	0 1,644.0 2 Fed. income tax withh	1,644.00 2 Fed. income tax withheld		
3 Social security wages	4 Soc. sec. tax withheld	4 Soc. sec. tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld			
7 Social security tips	8 Allocated tips	8 Allocated tips		
9 Verification code 843F-6752-FCE3-B0I	10 Dependent care benefits			
11 Nonqualified plans	12a			
	12b			
13 Statutory Retirement Third-party plan Sick pay	12c			
	12d			
Employee's SSN 197-57-7298	14	ġ.		
Employer ID number (EIN) 20-5754043				
15 St. Employer's state ID number	16 State wages, tips, etc. 17 State inco	me tax		
18 Local wages, tips, etc.	19 Local income tax 20 Locality n	ame		

Form W-2 Wage and Tax Statement Copy 2 To Be Filed with 20017 Employee's State, City, or Local				
Income Tax Return.	51 20	oui	Dep	artment of Treasury mal Revenue Service
Control 04741 A03	25	00020	_	
Employer's name, address, and ZIP co INDUS GROUP 15 WARREN ST HACKENSACK I	IN F,	SUITE		: 31
Employee's name, address, and ZIP code SAIROOP MANDATI 2203 BRIAR VIEW DR HOUSTON TX 77077				
33,600. 1 Wages, tips, other com		2 Fed. inc		644.00 e tax withheld
3 Social security wages		4 Soc. sec. tax withheld		
5 Medicare wages and tips		6 Medicare tax withheld		
7 Social security tips		8 Allocated tips		
9 Verification code 843F-6752-FCE3-B	0EC	10 Depend	lent	care benefits
11 Nonqualified plans		12a		
	_	12b		
13 Statutory Retirement Third-p plan sick pa	arty	12c		
		12d		
Employee's SSN 197-57-7298		14		
Employer ID number (EIN 20-5754043				
15 St. Employer's state ID number		State wages, tips	s, etc.	17 State income tax
18 Local wages, tips, etc.	19	Local income tax	1	20 Locality name

Copy B To Be Filed Wi Employee's FEDERAL Tax F This information is being furnished to the IRS	NC SUITE # 31		
Employee's name, address, and ZP code SAIROOP MANDATI 2203 BRIAR VIEW DR HOUSTON TX 77077			
33,600.00 1 Wages, tips, other comp.	2 Fed. income tax withheld		
3 Social security wages	4 Soc. sec. tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
7 Social security tips	8 Allocated tips		
9 Verification code 843F-6752-FCE3-B0E6	10 Dependent care benefits		
11 Nonqualified plans	12a		
	12b		
13 Statutory Plan Third-party sick pay	12c		
Employee's SSN	12d		
197-57-7298	14		
Employer ID number (EIN) 20-5754043	1		
15 St. Employer's state ID number 1	6 State wages, tips, etc. 17 State income tax		
18 Local wages, tips, etc. 1	9 Local income tax 20 Locality name		