Notice to Employee Do you have to file? Refer to the Form 1040 Instructions to determine if you are required to file a tar cturn. Even if you do not have to file a tax return, you may be eligible for a refund if box 2 show an amount or if you are eligible for any credit. Emmed income credit (BC). Now 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 teir Workers without children could qualify for a smaller credit. You and any qualifying children most than the specified amount for 2017 or if income is among that the HEIC for your investment income is more than the specified amount for 2017 or if income is among and more information, vis it was vir sugovite. Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax habilay is refunded to you, but only if you file a tax return.

Also see Pub. 590, taiment income creater, sur lace una to more una series and series and and and a series of the 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

Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSA, 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 mules oyou may filt them with your tax return. If your name and SSN are correct but archi 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 visit the SSA at www.SSA.gov. **Cost of employer-spassored health coverage** (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**). The reporting in Box 12, using Code DD, of the cost of **employer**-sponsored health coverage (if such **cost is employer**). The reporting in Box 12, using Code DD, of the cost of **employer** in 2017 and more than \$7,886.40 in social security and/or Tier 1 nahoad retirement (RRT A) taxes were withheld, you also may be able to clain a credit for the sccess against your federal income tax. If you had more than ore than afload employer and more than \$4,630.50 in Tier 2 RRTA tax was withheld, you also may be able to clain a credit. For your Form 10400 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 return.
Box 5. Your may be required to report this amount on Form 8939, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8939.
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 to any of those Medicare wages and tips shown

\$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. Do Form 4137 you will calculate the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that yo

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). 8 Box 9. If you are e-filing and if there is a code in this box, enter it when prompted by your software. The only valid characters are the letters A-F and numerals 0-9. This code assists the IRS in validating the V-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 piad to you or incurred on your bahl (in childing amounts from a section 125 (cafetonia) planu). Any anomati very \$5,000 als o is included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

compute any taxable and nontaxable amounts. Box 11. This amounts 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 and/or 5 if it is a prior year deferral and era 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 you right to the deferred amount. This box shouldn't be used if you had a defertal and a distribution in the same calendary year. If you made a deferral and received a distribution to the same calendary year. If 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 return. Beckvice deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$18,000 (\$12,500 if you only have SIMPLE plans; \$21,000 for scion 403(b) 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 SIMPLE plans; \$21,000 tor sections wave, preprint, ST, SIMPLE plans; \$21,000 tor sections are limited to \$18,000. Deferrals under code H are immess we \$57,000. However, if you were at least age 50 in 2017, your employer may have allowed an additional deferral any top \$6,000 (33,000 for section 400(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on decive deferrals. For code G, the limit on electric deferrals may are used to \$18,000 (33,000 for section 400(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on electric deferrals. For code G, the limit on electric deferrals may are used by a subject to the overall limit on sections for form tops information. Amounts in excess of the overall decive deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." lim instructions for Form 1040. Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a made-sup parsion contribution for a prior year(s) when you were in military service. To Figure whether you made exceed efferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year. If no year is shown, the contributions are for these amounts for the year. Include this tax on Form 1040. See "Other PDTA two may instance of the prove 1040. See "Other PDTA two mays. Include this tax on Form 1040. See "Other PDTA two mays. i made excess

A—Uncollected social security or RRTA 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 to a section 401(k) cash or deferred arrangement. Also includes deferrals under

a SIMPLE retirement account that is part of a section 401(k) arrangement E—Elective deferrals under a section 403(b) salary reduction agreement

F-Elective deferrals under a section 408(k)(6) salary reduction SEP G-Elective deferrals and employer contributions (including nonelective 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 Grosss Income" in the Form 1040 instructions for how to deduct. J—Notaxable Six pay (information only, not included in boxes 1, 3, or 5) K—20% excise tax on excess golden parachate payments. See "Other Taxes" in the Form 1040

Instructions. L—Substantiated employee business sequences relatively for a first sequence over \$30,000 (forme 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. 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)

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

Performance to the part of the performance of the p

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

requirements. W—Empbyer contributions (including amounts the employee elected to contribute using a section 125 (cafetria) plan) to your Health Savings Account. Report on Form 8889, Health Savings Accounts

(ISAs). Z—Deferrals under a section 409A nonqualified deferred compensation plan. Z—Derome 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 Taxs" 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. DB—Decost of employer-sponsored health coverage. The amount reported with Code DD is not taxable.

DD—Coxi of emphyser-sponsored health coverage. The amount reported with Code use is not travable.
 EE—Designated Roth contributions under at governmental section 457(b) plan. This amount does not apply to contributions under at a scenngt organization section 457(b) plan.
 FF—Permitted benefits under a qualified small emphyser health reinhursement arrangement Box 13.1 (ft for Steirnement plan" box is checked, special limits may apply to the amount of tradiniant IRA contributions you may deduct. See Pub. 500-A. Contributions to Individual Retrement Arrangement (IRAs).
 Box 14.2 Employers may use this box to report information such as state disaduet, nontaxable income, educational assistance payments, health insurance premiums deducted, nontaxable income, educational assistance payments, and a member of the ckrgy's paysonage allow ance and utilities.
 Railwaid emphysers use this box to report information tube to provide by the employee to the employer in animolar element (RRTA) compression. The "Designation" of the chrgy's paysonage allow ance and utilities.
 Railwaid emphysers use this box to report and than drement (RRTA) employee to the employer in animolar element (RRTA). Compression. The "Designation" of the chrgy's paysonage allow ance and utilities.

tax. Medicare tax and Additional Medicare Tax. Incluse type reported by uncompary community in million element (RRTA) compensation. Note: Keep Copp C of Form W-2 for at least 3 years after the due date for films your incom-return. However, to help protect your social security benefits, keep Copy C unit) you begin in social security benefits, just in case there is a question about your work record and/or earning the second security benefits. Just in case there is a question about your work record and/or earning the second security benefits.

social security be particular year

### 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 imposed on you if this income is taxable and you fail to report it. Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 c Employer's name, address, and ZIP code Void 0047-14026750 0000001203-DIZER CORP b Employer's identification number a Employee's social security number 1912 MENTOR AVE 2 Federal Income tax withh 1 Wages, tips, other comp 34-1898475 771-08-7500 14687.00 2865.71 PAINESVILLE OH 44077 13 Statutory Employee Retire plan Third-party sick pay 3 Social Security wages 4 Social Security tax with 14687.00 910.59 12 See Instrs. for Box 12 14 Othe e Employee's name, address, and ZIP code 5 Medicare wages and tip: 6 Medicare tax withheld 14687.00 212.96 VENKATA RAJENDRA KOTHAPALLI 7 Social Security tips 8 Allocated Tips 4 APRIL LN 10 Dependent care benefits 11 Nongualified plans APT # 15 LEXINGTON MA 02421 Verification Code 280d-bf84-a3e6-4c46 15 Sta 16 State wages, tips, etc 17 State income tax 18 Local wages, tips, etc Eme state ID No 19 Local income tax 20 Locality name 14687.00 MA 341-898-475 691.74

# Form W-2 Wage and Tax Statement

2017

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

d Control number Void 0047-14026750 0000001203-			c Employer's name, address, and ZIP code DIZER CORP			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008							
h Freedowerds identification number Freedowerds availation number													
34-1898475 771-08-7500				1912 MENTOR AVE			1 Wages, tips, other compensation		2 Federal Income tax with				
13 Statutory Retirement			1				PAINESVILLE OH 44077			14687.00			2865.71
		plan	ement	sick pay					3 Social Security wages		4 Social Security tax withheld		
							14687.00			910.59			
12 See Instrs. for Box 12			14 Other			e Employee's name, address, and ZIP code			5 Medi	care wages and tips	6 Medicare tax withheld		
										14687.00		212.96	
						VENKATA RAJENDRA KOTHAPALLI 4 APRIL LN			7 Socia	I Security tips	8 Allocated Tips		
						APT # 15 LEXINGTON MA 02421			10 Dep	endent care benefits	11 Nonqualified plans		
						LEAINGION MA 02421			Verification Code				
											280d-bf84-	-a3e6-4c46	
15 State Employer's stat			tate I.D. No. 16 State wages, tips,				17 State income tax		18 Local wages, tips, etc.		19 Local income tax	20 Locality name	
MA	341-898	41-898-475		1		4687.00		691.74					

### Form W-2 Wage and Tax Statement 2017

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

d Control number Void				c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service			
0047-14026750 0000001203-				DIZER CORP		OMB No. 1545-0008			
b Employer's identification number a Employee's social security number			mber	1912 MENTOR AVE	ŀ				
		-08-7500		PAINESVILLE OH 44077		1 Wages, tips, other compensation $14687.00$	2 Federal Income tax withheld 2865.71		
	tetirement Ian	Third-party sick pay				3 Social Security wages	4 Social Security tax withheld		
						14687.00	910.59		
12 See Instrs. for Box 12	14 Other	14 Other		e Employee's name, address, and ZIP code		5 Medicare wages and tips	6 Medicare tax withheld		
						14687.00	212.96		
				VENKATA RAJENDRA KOTHAPAL	LI [	7 Social Security tips	8 Allocated Tips		
				4 APRIL LN					
				APT # 15	ſ	10 Dependent care benefits	11 Nonqualified plans		
				LEXINGTON MA 02421	L				
						Verification Code			
15 State Employer's state I.D. No. 16 State wages, tips, etc.				17 State income tax 18 Local	l wages, tips, etc.	19 Local income tax	20 Locality name		
MA 341-898-475			14	4687.00 691.74					