Employee Ref	erence Copy		
VAL Y Wage a			
VV -Z Statem			
Copy C for employee'srecords.	OMB No. 1545-0008		
d Control number Dept.	Corp. Employer use only		
000168 ATLA/PAH	A 21		
,			
c Employer's name, address, a			
11311 RICHMON			
HOUSTON TX 7	7082		
	Datab #01700		
	Batch #01729		
e/f Employee's name, address, a	nd ZIP code		
NITIN CHIKOTI			
1616 NE 16TH WAY			
APT # 226			
GRESHAM OR 97030			
b Employer's FED ID number	a Employee's SSA number		
47-2051918	191-79-0556		
1 Wages, tips, other comp.	² Federal income tax withheld		
10000.00	1356.48		
3 Social security wages	4 Social security tax withheld		
10000.00	620.00		
5 Medicare wages and tips 10000.00	6 Medicare tax withheld		
7 Social security tips	8 Allocated tips		
7 Social security tips	o Allocated tips		
9 Verification Code	10 Dependent care benefits		
b1ed-1ce1-f573-407f			
11 Nonqualified plans	12a See instructions for box 12		
	12b		
14 Other	12D		
	12d		
	13 Stat emp Ret. plan 3rd party sick pay		
15 State Employer's state ID no	40 State wages ting ate		
OR 01675007-1	10000.00		
17 State income tax	18 Local wages, tips, etc.		
17 State income tax 663.72	lo Local wayes, ups, etc.		
19 Local income tax	20 Locality name		
1			

2017 W–2and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

 I. The following information reflects your final 2017 pay stub plus any adjustments submitted by your employer.

 Gross Pay
 10000.00
 Social Security Tax Withheld
 620.00
 OR. State Income Tax Box 17 of W-2
 663.72

		Box 4 of W-2		SUI/SDI	
Fed. Income Tax Withheld	1356.48	Medicare Tax Withheld	145.00	Box 14 of W-2	
Box 2 of W-2		Box 6 of W-2			

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other	Social Security	Medicare	OR. State Wages,
	Compensation	Wages	Wages	Tips, Etc.
	Box 1 of W–2	Box 3 of W–2	Box 5 of W–2	Box 16 of W–2
Gross Pay	10,000.00	10,000.00	10,000.00	10,000.00
Reported W–2 Wages	10,000.00	10,000.00	10,000.00	10,000.00

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

NITIN CHIKOTI 1616 NE 16TH WAY APT # 226 GRESHAM OR 97030 Social Security Number: 191-79-0556 Taxable Marital Status: SINGLE

Exemptions/Allowances:

FEDERAL: 2 STATE: 2

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1 Wages, tips, other comp. 10000.00	2 Federal income tax withheld 1356.48	1 Wages, tips, other comp. 10000.00	2 Federal income tax withheld 1356.48	1 Wages, tips, other comp. 10000.00	2 Federal income tax withheld 1356.48	
3 Social security wages 10000.00	4 Social security tax withheld 620.00	3 Social security wages 10000.00	4 Social security tax withheld 620.00	³ Social security wages 10000.00	4 Social security tax withheld 620.00	
5 Medicare wages and tips 10000.00	6 Medicare tax withheld 145.00	5 Medicare wages and tips 10000.00	6 Medicare tax withheld 145.00	5 Medicare wages and tips 10000.00	6 Medicare tax withheld 145.00	
d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only	
000168 ATLA/PAH	A 21	000168 ATLA/PAH	A 21	000168 ATLA/PAH	A 21	
c Employer's name, address, a	nd ZIP code	c Employer's name, address, a	nd ZIP code	c Employer's name, address, and ZIP code		
INFODRIVE SYSTEMS INC 11311 RICHMOND AVE #L106 HOUSTON TX 77082 INFODRIVE SYSTEMS INC 11311 RICHMOND AVE #L106 HOUSTON TX 77082		INFODRIVE SYSTEMS INC 11311 RICHMOND AVE #L106 HOUSTON TX 77082				
b Employer's FED ID number 47–2051918	a Employee's SSA number 191–79–0556	b Employer's FED ID number 47–2051918	a Employee's SSA number 191–79–0556	b Employer's FED ID number 47–2051918	a Employee's SSA number 191–79–0556	
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	
9 Verification Code b1ed-1ce1-f573-407f	10 Dependent care benefits	9 Verification Code	10 Dependent care benefits	9 Verification Code	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	12 a	11 Nonqualified plans	12a	
14 Other	12b	14 Other	12b	14 Other	12b	
	12c		12c		12c	
	12d		12d		12d	
	13 Stat emp.Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick part	
e/f Employee's name, address an	d ZIP code	e/f Employee's name, address ar	nd ZIP code	e/f Employee's name, address ar	nd ZIP code	
NITIN CHIKOTI				NITIN CHIKOTI		
1616 NE 16TH WAY			1616 NE 16TH WAY			
APT # 226		APT # 226		APT # 226		
GRESHAM OR 97030		GRESHAM OR 97030		GRESHAM OR 97030		
15 State Employer's state ID no. OR 01675007-1	16 State wages, tips, etc. 10000.00	15 State Employer's state ID no. OR 01675007-1	16 State wages, tips, etc. 10000.00	15 State Employer's state ID no. OR 01675007-1	16 State wages, tips, etc. 10000.00	
17 State income tax 663.72	18 Local wages, tips, etc.	17 State income tax 663.72	18 Local wages, tips, etc.	17 State income tax 663.72	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	19 Local income tax	20 Locality name	19 Local income tax	20 Locality name	
	ing Copy nd Tax 2017 ent ONB No. 1545-0008 deral Income Tax Return.	OR.State Re Wage an Statemer Copy 2 to be filed with employee's State	nd Tax 2017	OR.State Fil Wage an Statem Copy 2 to be filed with employee's State	nd Tax 2017 ent 2018	