2016 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax 2016 Statement Control number Corp Employer use only 01824846 V68 **SA08** 3336 Employer's name, address, and ZIP code

SAP AMERICA INC 3999 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073

e/f Employee's name, address, and ZIP code MUKUL ANTERVEDI

1023 VALLEY DRIVE WEST CHESTER, PA 19382 Employer's FED ID number a Employee's SSA number 36-3556041 352-98-7500 Wages, tips, other comp Federal income tax withheld 114476.35 15203.27 Social security wages Social security tax withheld 118500.00 7347.00 Medicare wages and tips 6 Medicare tax withheld 121617.64 1763.46 Social security tips 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 D | 7141.29 11 Nonqualified plans 2400.00 12b W 14 Other 12c DD 13 Stat emp Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. 1849 3262 121617.64 3733.61 121617.64 19 Local income tax 20 Locality name

1	Wages, tips, other of	omp.	2 Federa	I income tax withheld	
114476.35		15203.27			
3	Social security wages 118500.00		4 Social security tax withheld 7347.00		
5	Medicare wages and 12161		6 Medica	are tax withheld 1763.46	
d	Control number	Dept.	Corp.	Employer use only	
01	824846 V68		SA08	3336	
С	Employer's name, a	address, a	nd ZIP cod	de	

151202

SAP AMERICA INC 3999 WEST CHESTER PIKE **NEWTOWN SQUARE, PA 19073**

1216.26

b Employer's FED ID number 36-3556041	a Employee's SSA number 352-98-7500				
7 Social security tips	8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12 D 7141.29				
14 Other 2700.00 HEALTH 85.97 PA SUI	^{12b} W 2400.00				
	^{12c} DD 12656.88				
	12d				
	13 Stat emp. Ret. plan 3rd party sick pay				

e/f Employee's name, address and ZIP code

MUKUL ANTERVEDI 1023 VALLEY DRIVE WEST CHESTER. PA 19382

	15	State PA	Employer's state ID no. 1849 3262	16 State wages, tips, etc. 121617.64
,	17	State	income tax 3733.61	18 Local wages, tips, etc. 121617.64
	19	Local	income tax 1216.26	20 Locality name 151202

Filing

Federal

Copy B to be filed with employee's Federal Income

Copy Wage and Tax Statement

2016 W2 AND EARNINGS SUMMARY
THIS SUMMARY SECTION IS INCLUDED WITH YOUR W2 TO HELP DESCRIBE THIS
PORTION IN MORE DETAIL. THE REVERSE SIDE INCLUDES GENERAL INFORMATION THAT

YOU MAY ALSO FIND HELPFUL.

SOCIAL SECURITY TAX **GROSS PAY** 125,517.64 WITHHELD BOX 4 OF W2

FED. INCOME TAX MEDICARE TAX 15,203.27 WITHHELD BOX 2 OF W2 WITHHELD BOX 6 OF W2

YOUR GROSS PAY WAS ADJUSTED AS FOLLOWS TO PRODUCE YOUR W2 STATEMENT.

	WAGES	SOCIAL	
	TIPS, OTHER	SECURITY	MEDICARE
	COMPENSATION	WAGES	WAGES
	BOX 1 OF W2	BOX 3 OF W2	BOX 5 OF W2
GROSS PAY	125,517.64	125,517.64	125,517.64
PLUS GTL (C-BOX12)	0.00	0.00	0.00
PLUS OTHER`	0.00	0.00	0.00
LESS SMP STC	0.00	0.00	0.00
PLUS NON-QUAL ER VEST MATCH	N/A	0.00	0.00
LESS H SA(EE)	1,200.00	1,200.00	1,200.00
LESS 401K/ECÁP/DEF COMP	7,141.29	N/A	N/A
LESS OTHER CAFE 125	2,700.00	2,700.00	2,700.00
LESS OTHER	•	•	•
EMPLOYEE W4 PROFILE. TO CHANGE	YOUR EMPLOYEE W	4 PROFILE INFOR	MATION, FILE,

A NEW W4 WITH YOUR PAYROLL DEPARTMENT. **EMPLOYEE ID:01824846**

MUKUL ANTERVEDI 1023 VALLEY DRIVE WEST CHESTER, PA 19382

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PAGE 01 OF 01

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1	Wages, tips, other comp. 114476.35	2 Federa	al income tax withheld 15203.27		1 Wages, tips, other 1144	comp. 76.35	2 Federa		tax wit 5203.2
3	Social security wages 118500.00	4 Social	security tax withheld 7347.00		3 Social security wa	ges 00.00	4 Social		ax with
5	Medicare wages and tips 121617.64	6 Medic	are tax withheld 1763.46		5 Medicare wages a 1216	nd tips 17.64	6 Medica		thheld 1763.4
	Control number Dept. 824846 V68	Corp. SA08	Employer use only 3336		d Control number 01824846 V68	Dept.	Corp.	Employ	er use
С	Employer's name, address, at SAP AMERICA INC 3999 WEST CHESTER NEWTOWN SQUARE,	PIKE	9073		c Employer's name, SAP AMERICA 3999 WEST CI NEWTOWN SO	INC HESTER	PIKE		
b	Employer's FED ID number 36-3556041	a Emplo	yee's SSA number 352-98-7500		b Employer's FED II 36-355604		a Emplo	yee's SSA 352-98	
7	Social security tips	8 Alloca	ted tips		7 Social security tip	s	8 Alloca	ted tips	
9		10 Deper	ndent care benefits		9		10 Depen	dent care	benefi
11	Nonqualified plans	12a D	7141.29		11 Nonqualified plans	S	12a D		7141
14	Other 2700.00 HEALTH 85.97 PA SUI	^{12b} W	2400.00		14 Other 2700.00 H 85.97 PA		^{12b} W		2400
	33.37 17.33	12c DD	12656.88		00.07 17		12c DD		12656
		12d					12d		
		13 Stat em	Ret. plan 3rd party sick pay				13 Stat em	p. Ret. plan	3rd party
e/f	Employee's name, address at MUKUL ANTERVEDI 1023 VALLEY DRIVE WEST CHESTER, PA		le		e/f Employee's name MUKUL ANTEI 1023 VALLEY WEST CHESTE	RVEDI DRIVE			
15	State Employer's state ID no 1849 3262	. 16 State	wages, tips, etc. 121617.64		15 State Employer's PA 1849 3262	state ID no	o. 16 State v		s, etc. 1617.
17	State income tax 3733.61	18 Local	wages, tips, etc. 121617.64		17 State income tax	33.61	18 Local	wages, tij	
19	Local income tax 1216.26	20 Locali 151	ty name 202		19 Local income tax 12	16.26	20 Locali 151		
	PA. State Filir	na Co	OV		City or	Local	Filing	Copy	

Wage and Tax

employee's State Income Tax Ret

Statement

3 Social security wages 118500.00	4 Social s	4 Social security tax withheld 7347.00				
5 Medicare wages and tips 121617.64	6 Medicar	6 Medicare tax withheld 1763.46				
d Control number Dep	t. Corp.	Employer use only				
01824846 V68	SA08	3336				
c Employer's name, addres	s, and ZIP code					
SAP AMERICA INC 3999 WEST CHESTE NEWTOWN SQUARE		773				
b Employer's FED ID numb 36-3556041		ee's SSA number 352-98-7500				
7 Social security tips	8 Allocate	8 Allocated tips				
9	10 Depend	ent care benefits				
11 Nonqualified plans	12a					
	D	7141.29				
14 Other 2700.00 HEALTH 85.97 PA SUI	^{12b} W	2400.00				
	12c DD	12656.88				
	12d					
	13 Stat emp.	Ret. plan 3rd party sick pa				
e/f Employee's name, addres	s and ZIP code					
MUKUL ANTERVEDI						

7,347.00

1,763.46

Social Security Number: 352-98-7500

2 Federal income tax withheld

15203.27

121617.64

121617.64

Filing Wage and Statement Copy 2 to be filed with employee's City or Local Incom

or Local

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 vour 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 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.

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).

Verification Code. If this field is populated, enter this code when it is requested by your tax return preparation software. It is possible your software or preparer will not request the code. 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) 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

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 or (b) included in box 3 and/or 5 if it is a prior year deferral under a 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 your right to the deferred amount. This box should not be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and 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 copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective 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 section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$18,000. Deferrals under code H are limited to \$700. under code H are limited to \$7,000.

However, if you were at least age 50 in 2016, 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 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 Gross Income" in the Form 1040

instructions for how to deduct.

J-Nontaxable sick pay (information only, not included in boxes 1, 3,

 $\mbox{K--}20\%$ 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 \$50,000 (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)

Q-Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for 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)

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

Y-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 plus interest. See "Other Taxes" 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

DD—Cost of employer-sponsored health coverage. The amount reported with Code DD is not taxable.

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

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 withheld, 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.

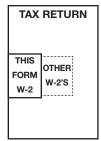
Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



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 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 income credit (EIC). You may be able to take the EIC for 2016 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 cannot take the EIC if your investment income is more than the specified amount for 2016 or if income is earned for services provided while you were an inmate at a penal institution. For 2016 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 are not 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 from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but are not 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 also may visit the SSA at www.socialsecurity.gov.

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 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 2016 and more than \$7,347 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$4,321.80 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax.