

2017 W-2 and EARNINGS SUMMARY



Employee Reference Copy
W-2 Wage and Tax Statement 2017

Copy C for employer's records
OMB No. 1545-0008
d Control number
847181 BOST/ZUU Dept. Corp. Employer use only
A 3246

c Employer's name, address, and ZIP code
**HOUGHTON MIFFLIN
HARCOURT PUBLISHING CO
125 HIGH ST 5TH FL
BOSTON MA 02110**

Batch #01669

e/f Employee's name, address, and ZIP code
**SAISREE SAVARALA
274 KINGS HIGHWAY
CLARKSBORO NJ 08020**

| | |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| b Employer's FED ID number 04-1456030 | a Employee's SSA number 588-83-6930 |
| 1 Wages, tips, other comp. 60138.01 | 2 Federal income tax withheld 10782.71 |
| 3 Social security wages 61338.01 | 4 Social security tax withheld 3802.96 |
| 5 Medicare wages and tips 61338.01 | 6 Medicare tax withheld 889.40 |
| 7 Social security tips | 8 Allocated tips |
| 9 Verification Code a207-ba04-c5d5-4f85 | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a See instructions for box 12 C 33.21 |
| 14 Other 142.38 U/WF/SWF 33.50 FLI | 12b D 1200.00 12c W 346.16 12d DD 5103.46 13 Stat emp. Ret. plan 3rd party sick pay X |
| 15 State Employer's state ID no. NJ 041456030/000 | 16 State wages, tips, etc. 61679.37 |
| 17 State income tax 3020.18 | 18 Local wages, tips, etc. |
| 19 Local income tax | 20 Locality name |

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.

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

| | | | | | |
|------------------------------------------|----------|----------------------------------------------|---------|-------------------------------------------------------------------|---------|
| Gross Pay | 62500.00 | Social Security Tax Withheld Box 4 of W-2 | 3802.96 | NJ. State Income Tax Box 17 of W-2 SUI/SDI Box 14 of W-2 | 3020.18 |
| Fed. Income Tax Withheld Box 2 of W-2 | 10782.71 | Medicare Tax Withheld Box 6 of W-2 | 889.40 | | 175.88 |

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

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | NJ. State Wages, Tips, Etc. Box 16 of W-2 |
|-----------------------------|-------------------------------------------------|---------------------------------------|--------------------------------|----------------------------------------------|
| Gross Pay | 62,500.00 | 62,500.00 | 62,500.00 | 62,500.00 |
| Plus GTL (C-Box 12) | 33.21 | 33.21 | 33.21 | 33.21 |
| Less 401(k) (D-Box 12) | 1,200.00 | N/A | N/A | 1,200.00 |
| Less Other Cafe 125 | 1,195.20 | 1,195.20 | 1,195.20 | N/A |
| Plus ER PAID HSA (W-Box 12) | N/A | N/A | N/A | 346.16 |
| Reported W-2 Wages | 60,138.01 | 61,338.01 | 61,338.01 | 61,679.37 |

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

**SAISREE SAVARALA
274 KINGS HIGHWAY
CLARKSBORO NJ 08020**

Social Security Number: 588-83-6930
Taxable Marital Status: SINGLE

Exemptions/Allowances:

FEDERAL: 4
STATE: 4 Table A

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Federal Filing Copy
W-2 Wage and Tax Statement 2017

Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

NJ. State Reference Copy
W-2 Wage and Tax Statement 2017

Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

NJ. State Filing Copy
W-2 Wage and Tax Statement 2017

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CORRECTED (if checked)

1-800-359-5593

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code
**MASSACHUSETTS MUTUAL LIFE INSURANCE CO
MASSMUTUAL RETIREMENT SERVICES
PO BOX 219062
KANSAS CITY, MO 64121-9062**

1 Gross distribution **\$3,696.03**
2a Taxable amount **\$0.00**

OMB No. 1545-0119
2017
Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

PAYER'S federal identification number **04-1590850**
RECIPIENT'S identification number *****-**-6930**
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code
**M227
SAISREE SAVARALA
921 PERRY DR
NORTH BRUNSWICK, NJ 08902**

2b Taxable amount not determined Total distribution
3 Capital gain (included in box 2a)
4 Federal income tax withheld
5 Employee contributions/Designated Roth contributions or insurance premiums
6 Net unrealized appreciation in employer's securities
7 Distribution code(s) **G** IRA / SEP / SIMPLE
8 Other %
9a Your percentage of total distribution %
9b Total employee contributions
12 State tax withheld
13 State/Payer's state no. **NJ/041-590-850/000**

10 Amount allocable to IRR within 5 years
11 1st year of desig. Roth contrib.
FATCA filing requirement
Account number (see instructions) **FL 51273 034356** 0510

Copy B
Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
This information is being furnished to the Internal Revenue Service.

CORRECTED (if checked)

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Copy 2
File this copy with your state, city, or local income tax return, when required.