

# 2017 W-2 and EARNINGS SUMMARY



**W-2** Wage and Tax Statement **2017**  
 Copy C for employee's records. OMB No. 1545-0008

d Control number 000074	R1/6L8	Dept.	Corp.	Employee use only <b>A</b>	42
c Employer's name, address, and ZIP code <b>CONFIMINDS LLC 13800 COPPERMINE ROAD HERNDON, VA 20171</b>					
Batch #98784					
e/f Employee's name, address, and ZIP code <b>MANIKANTH NALLAMALA 1211 GLEN EVE APT#4 MOUNT PLEASANT, MI 48858</b>					
b Employer's FED ID number <b>26-1989679</b>	a Employee's SSA number <b>473-89-7216</b>				
1 Wages, tips, other comp. <b>11400.00</b>	2 Federal income tax withheld <b>365.49</b>				
3 Social security wages	4 Social security tax withheld				
5 Medicare wages and tips	6 Medicare tax withheld				
7 Social security tips	8 Allocated tips				
9 Verification Code	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12				
14 Other	12b				
	12c				
	12d				
	13 Stat emp	Ret. plan	3rd party sick pay		
15 State <b>MI</b>	Employer's state ID no. <b>26-1989679</b>	16 State wages, tips, etc. <b>11400.00</b>			
17 State income tax <b>484.51</b>	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.**

<b>Gross Pay</b>	11400.00	<b>Social Security Tax Withheld</b>	<b>MI. State Income Tax</b>	484.51
		Box 4 of W-2	Box 17 of W-2	
			<b>SUI/SDI</b>	
			Box 14 of W-2	
<b>Fed. Income Tax Withheld</b>	365.49	<b>Medicare Tax Withheld</b>		
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 Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	MI. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	11,400.00	11,400.00	11,400.00	11,400.00
<b>Reported W-2 Wages</b>	<b>11,400.00</b>	<b>0.00</b>	<b>0.00</b>	<b>11,400.00</b>

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

**MANIKANTH NALLAMALA  
1211 GLEN EVE  
APT#4  
MOUNT PLEASANT, MI 48858**

Social Security Number: 473-89-7216  
 Taxable Marital Status: SINGLE  
 Exemptions/Allowances:  
**FEDERAL: 0**  
**STATE: 0**

© 2017 ADP, LLC

1 Wages, tips, other comp. <b>11400.00</b>	2 Federal income tax withheld <b>365.49</b>				
3 Social security wages	4 Social security tax withheld				
5 Medicare wages and tips	6 Medicare tax withheld				
d Control number 000074	R1/6L8	Dept.	Corp.	Employee use only <b>A</b>	42
c Employer's name, address, and ZIP code <b>CONFIMINDS LLC 13800 COPPERMINE ROAD HERNDON, VA 20171</b>					
b Employer's FED ID number <b>26-1989679</b>	a Employee's SSA number <b>473-89-7216</b>				
7 Social security tips	8 Allocated tips				
9 Verification Code	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12				
14 Other	12b				
	12c				
	12d				
	13 Stat emp	Ret. plan	3rd party sick pay		
e/f Employee's name, address and ZIP code <b>MANIKANTH NALLAMALA 1211 GLEN EVE APT#4 MOUNT PLEASANT, MI 48858</b>					
15 State <b>MI</b>	Employer's state ID no. <b>26-1989679</b>	16 State wages, tips, etc. <b>11400.00</b>			
17 State income tax <b>484.51</b>	18 Local wages, tips, etc.				
19 Local income tax	20 Locality name				

1 Wages, tips, other comp. <b>11400.00</b>	2 Federal income tax withheld <b>365.49</b>				
3 Social security wages	4 Social security tax withheld				
5 Medicare wages and tips	6 Medicare tax withheld				
d Control number 000074	R1/6L8	Dept.	Corp.	Employee use only <b>A</b>	42
c Employer's name, address, and ZIP code <b>CONFIMINDS LLC 13800 COPPERMINE ROAD HERNDON, VA 20171</b>					
b Employer's FED ID number <b>26-1989679</b>	a Employee's SSA number <b>473-89-7216</b>				
7 Social security tips	8 Allocated tips				
9 Verification Code	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12				
14 Other	12b				
	12c				
	12d				
	13 Stat emp	Ret. plan	3rd party sick pay		
e/f Employee's name, address and ZIP code <b>MANIKANTH NALLAMALA 1211 GLEN EVE APT#4 MOUNT PLEASANT, MI 48858</b>					
15 State <b>MI</b>	Employer's state ID no. <b>26-1989679</b>	16 State wages, tips, etc. <b>11400.00</b>			
17 State income tax <b>484.51</b>	18 Local wages, tips, etc.				
19 Local income tax	20 Locality name				

1 Wages, tips, other comp. <b>11400.00</b>	2 Federal income tax withheld <b>365.49</b>				
3 Social security wages	4 Social security tax withheld				
5 Medicare wages and tips	6 Medicare tax withheld				
d Control number 000074	R1/6L8	Dept.	Corp.	Employee use only <b>A</b>	42
c Employer's name, address, and ZIP code <b>CONFIMINDS LLC 13800 COPPERMINE ROAD HERNDON, VA 20171</b>					
b Employer's FED ID number <b>26-1989679</b>	a Employee's SSA number <b>473-89-7216</b>				
7 Social security tips	8 Allocated tips				
9 Verification Code	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12				
14 Other	12b				
	12c				
	12d				
	13 Stat emp	Ret. plan	3rd party sick pay		
e/f Employee's name, address and ZIP code <b>MANIKANTH NALLAMALA 1211 GLEN EVE APT#4 MOUNT PLEASANT, MI 48858</b>					
15 State <b>MI</b>	Employer's state ID no. <b>26-1989679</b>	16 State wages, tips, etc. <b>11400.00</b>			
17 State income tax <b>484.51</b>	18 Local wages, tips, etc.				
19 Local income tax	20 Locality name				

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

MI.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

MI.State Filing Copy  
**W-2** Wage and Tax Statement **2017**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008