	☐ CORRE	ECTED		
FILER'S name, street address, city or foreign postal code, and telephone nu LINCOLN UNIVERSI 401 15TH STREET OAKLAND, CA 9461 510-628-8010	TY	or 1 Payments received for qualified tuition and related expenses \$ 2970.00 2 Amounts billed for qualified tuition and related expenses \$	OMB No. 1545-1574 2017 Form 1098-T	Tuition Statement
FILER'S federal identification no.	STUDENT'S taxpayer identification no			ed Copy E
94-1347042	307-29-3609	its reporting method for 2017		For Student
STUDENT'S name, street address, city or town, state	e or province, country, and ZIP or foreign postal code	4 Adjustments made for a 5 Scholarships or gra		This is importan
MAHATO, SUSHIL KUN	IAR	prior year	\$ 1000.	00 tax information and is being furnished to the
382 FRANCISCO STREE	Т	6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning Januar	Internal Revenue Service. This form must be used to
SAN FRANCISCO, CA 9	4133	\$	March 2018 ▶	to claim education
Service Provider/Acct. No. (see instr.)		9 Checked if a graduate	10 Ins. contract reimb./refu	
	half-time student X	student X	\$	prepare the tax return.
Form 1098-T	keep for your records)	www.irs.gov/form1098t	Department of the Treas	ury - Internal Revenue Service

Ц

	a Employee's social security number	mber Copy B—To Be Filed With Employee's FEDERAL Tax Return.						
	307-29-3609	OMB No. 1545-0	545-0008					
b Employer identification number (EIN)			1 Wages, tips, other compensation			2 Federal income tax withheld		
94-1347042				2662.02		281.0		
c Employer's name, address, and	d ZIP code		3 Soci	al security wages	4	Social security tax withheld		
LINCOLN UNIVERSITY								
			5 Medicare wages and tips		6 Medicare tax withheld			
401 - 15TH STREET					١.			
		-	Soci	al security tips	8	Allocated tips		
OAKLAND	CA 94612							
d Control number			9 Verification code		10 Dependent care benefits			
e Employee's name, address, and ZIP code			11 Nonqualified plans		12a See instructions for box 12			
SUSHIL K	MAHATO	L			d e	-		
382 FRANCISCO ST.		1	3 Statuto employ	ry Retirement Third-party ree plan sick pay	12b	1		
SAN FRANCISCO	CA 94133				d e			
Dia Tiunicipio		1	1 Other		12c	1		
					9 0			
					12d	,		
					0 0			
5 State Employer's state ID nur	nber 16 State wages, tips, etc	. 17 State income	tax _	18 Local wages, tips, etc.	9 Loc	cal income tax 20 Locality n		
CA 216-5475-1	2662.02	49	. 63					

W=2 Wage and Tax
Statement
This information is being furnished to the Internal Revenue Service.

2017

Department of the Treasury-Internal Revenue Service

2017 W-2 and EARNINGS SUMMARY (202)



W-2 Wage	Reference and Tax ement	Copy 2017 OMB No. 1545-0008	The reverse side incl	ludes gener	ral information tha	t you may also i	ind neiptul. adjustments si	e portions in more detai
d Control number De 000057 PITT/H30		Employer use only A 29	Gross Pay	50609,36	Social Security Tax Withheld Box 4 of W-2		CA. State Inco Box 17 of W-2 SUI/SDI	me Tax 3716.04 455.48
TEKWISSEN 825 VICTORS ANN ARBOR	LLC WAY S	TE 370	Fed. Income Tax Withheld Box 2 of W-2	7858.77	Medicare Tax Withheld Box 6 of W-2		Box 14 of W-2	
			2. Your Gross Pay w	as adjusted a	s follows to produce	your W-2 Statem	ent	
		Batch #01673			Wages, Tips, other Compensation	Social Security Wages	Medicare Wages	CA. State Wages, Tips, Etc. Box 16 of W-2
er Employee's name, addre SUSHIL K MAHAT 382 FRANCISCO S SAN FRANCISCO	O ST		Gross Pay Less Exempt Wages Reported W-2 Wages		50,609.36 N/A 50,609.36	50,609.36 50,609.36 0.00	50,609.36 50,609.36 0.0	50,609.36 N/A
b Employer's FED ID numb 27-0417139	er a Emple	oyee's SSA number 307-29-3609	noponiou ii z iii g		- Harris - 100 - 1			
1 Wages, tips, other comp.		al income tax withheld	10					
50609.36 3 Social security wages		7858.77						
	100000000000000000000000000000000000000		la v					
5 Medicare wages and tips	6 Medic	are tax withheld						
7 Social security tips		10.	5 Franksing W 4 Dec	file To the		(4 Brofile Informa	tion file a new	W-4 with your payroll dep
9 Verification Code aac2-1c5c-1172-3c66	10 Depen	dent care benefits	3. Employee W-4 Pro	ille. To chan	ge your Employee v	1-4 Flottle illionna	don, me a new	
11 Nonqualified plans	12a See ins	structions for box 12	SUSHIL	K MAH	ATO		Social Security N	lumber:307-29-3609
14 Other	12b		382 FRA	NCISCO	ST			Status: SINGLE
455 48 SDI	12d	np Ret. plan 3rd party sick pay	SAN FR	ANCISC	O CA 94133	FEDERAL: 6		
15 State Employer's state II	no. 16 State	wages, tips, etc. 50609.36	24			s	TATE: 0	
CA 003-5867 1		wages, tips, etc.						
3716.04	20 Locali	ity name	■C 2017 ADP, LLC					
1 Wages, tips, other comp.	S. Contraction	al income tax withheld	1 Wages, tips, other comp		I income tax withheld 7858.77	1 Wages, tips,	other comp. 2	Federal Income tax withheld 7858.77
50609.36 3 Social security wages		7858.77 I security tax withheld	50609.30 3 Social security wages		security tax withheld	3 Social securi	120000000000000000000000000000000000000	Social security tax withheld
5 Medicare wages and tips		are tax withheld	5 Medicare wages and tips	6 Medica	re tax withheld	5 Medicare way	ges and tips	Medicare tax withheld
d Control number Dep	ot Corp.	Employer use only	MERC DESCRIPTION OF STREET, 1977	ept. Corp.	Employer use only	d Control numb	- E	Corp. Employer use only
000057 PITT/H30		A 29	c Employer's name, addres	ss and 7IP cod	A 29	000057 PITT/I-	ame, address, and	A 29
c Employer's name, addres TEKWISSEN 825 VICTORS ANN ARBOR	LLC WAY S	TE 370	TEKWISSEN 825 VICTORS ANN ARBOR	LLC WAY ST	E 370	TEKW 825 V ANN	ISSEN LLC ICTORS WARBOR MI	AY STE 370
b Employer's FED ID number 27-0417139	er a Emplo	yee's SSA number 307-29-3609	b Employer's FED ID numb 27-0417139		yee's SSA number 307-29-3609	b Employer's F 27-04		Employee's SSA number 307-29-3609
7 Social security tips	8 Alloca		7 Social security tips	8 Allocat	ed tips	7 Social securit	y tips 8	Allocated tips
9 Verification Code aac2-1c5c-1172-3c66	10 Depen	dent care benefits	9 Verification Code	10 Depend	dent care benefits	9 Verification C	ode 1	0 Dependent care benefits
11 Nonqualified plans	12a See Ir	nstructions for box 12	11 Nonqualified plans	12a		11 Nonqualified	plans 1	2a
14 Other	12b		14 Other	12Б		14 Other		2b
455.48 SDI	12c		455.48 CA SDI	12c		4:	55.48 CA SDI	2c
	12d			12d	In In			3 Stat emp. Ret. plan 3rd party sick p
	13 Stat emp	Ret. plan 3rd party sick pay	1,20	13 Stat emp	Ret. plan 3rd party sick pay			A. 1980 - 10
e/f Employee's name, addres	_	ė	eff Employee's name, address		•		ame, address and	ZIP code
SUSHIL K MAHATO 382 FRANCISCO S SAN FRANCISCO	T	3	SUSHIL K MAHAT 382 FRANCISCO S SAN FRANCISCO	T		SUSHIL K 382 FRANC SAN FRAN		94133
15 State Employer's state ID	no. 16 State v	wages, tips, etc.	15 State Employer's state ID CA 003-5867 1	no. 16 State w	rages, tips, etc. 50609.36	15 State Employ		6 State wages, tips, etc. 50609.36
CA 003-5867 1 17 State Income tax		50609.36 wages, tips, etc.	17 State Income tax		vages, tips, etc.	17 State Income	tax 1	8 Local wages, tips, etc.
3716.04 19 Local Income tax	20 Localit	ty name	3716.04 19 Local Income tax	20 Localit	y name	19 Local Income	3716.04 tax 2	0 Locality name
Federal	Filing Co	ору	CA.State	Reference	Сору	CA	.State Filing	д Сору
W-2 Wage State	and Tax	2017 GMB No. 1545-0008	VV-Z Statem	and Tax	2017 OMB No. 1545-0008	W-2	Wage and Statement	Tax 2017