

CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number LINCOLN UNIVERSITY 401 15TH STREET OAKLAND, CA 94612 510-628-8010		1 Payments received for qualified tuition and related expenses \$ 2970.00	OMB No. 1545-1574 2017 Form 1098-T	Tuition Statement Copy B For Student This is important tax information and is being furnished to the Internal Revenue Service. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
FILER'S federal identification no. 94-1347042	STUDENT'S taxpayer identification no. 307-29-3609	2 Amounts billed for qualified tuition and related expenses \$	3 If this box is checked, your educational institution changed its reporting method for 2017 <input type="checkbox"/>	
STUDENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code MAHATO, SUSHIL KUMAR 382 FRANCISCO STREET SAN FRANCISCO, CA 94133		4 Adjustments made for a prior year \$	5 Scholarships or grants \$ 1000.00	
		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 January–March 2018 <input type="checkbox"/>	
Service Provider/Acct. No. (see instr.)	8 Check if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input checked="" type="checkbox"/>	10 Ins. contract reimb./refund \$	

Form **1098-T**

(keep for your records)

www.irs.gov/form1098t

Department of the Treasury - Internal Revenue Service



		a Employee's social security number 307-29-3609		Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008			
b Employer identification number (EIN) 94-1347042			1 Wages, tips, other compensation 2662.02		2 Federal income tax withheld 281.00		
c Employer's name, address, and ZIP code LINCOLN UNIVERSITY 401 - 15TH STREET OAKLAND CA 94612			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		
d Control number			9 Verification code		10 Dependent care benefits		
e Employee's name, address, and ZIP code SUSHIL K MAHATO 382 FRANCISCO ST. SAN FRANCISCO CA 94133			11 Nonqualified plans		12a See instructions for box 12		
			13 Statutory employee Retirement plan Third-party sick pay		12b		
			14 Other		12c		
					12d		
15 State Employer's state ID number CA 216-5475-1		16 State wages, tips, etc. 2662.02	17 State income tax 49.63	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement

2017

Department of the Treasury—Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

2017 W-2 and 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.

Employee Reference Copy W-2 Wage and Tax Statement OMB No. 1545-0008		2017	
Copy C for employee's records			
d Control number 000057	Dept PITTH30	Corp.	Employer use only A 29
c Employer's name, address, and ZIP code TEKWISSEN LLC 825 VICTORS WAY STE 370 ANN ARBOR MI 48108			
Batch #01673			
e/f Employee's name, address, and ZIP code SUSHIL K MAHATO 382 FRANCISCO ST SAN FRANCISCO CA 94133			
b Employer's FED ID number 27-0417139	a Employee's SSA number 307-29-3609		
1 Wages, tips, other comp. 50609.36	2 Federal income tax withheld 7858.77		
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 aac2-1c5c-1172-3c66	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
14 Other 455.48 SDI	12b		
	12c		
	12d		
	13 Stat emp	Ret. plan	3rd party sick pay
15 State Employer's state ID no. CA 003-5867 1	16 State wages, tips, etc. 50609.36		
17 State income tax 3716.04	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

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

Gross Pay	50609.36	Social Security Tax Withheld Box 4 of W-2	CA. State Income Tax Box 17 of W-2	3716.04
Fed. Income Tax Withheld Box 2 of W-2	7858.77	Medicare Tax Withheld Box 6 of W-2	SUI/SDI Box 14 of W-2	455.48

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 6 of W-2	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	50,609.36	50,609.36	50,609.36	50,609.36
Less Exempt Wages		N/A	50,609.36	N/A
Reported W-2 Wages	50,609.36	0.00	0.00	50,609.36

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

**SUSHIL K MAHATO
382 FRANCISCO ST
SAN FRANCISCO CA 94133**

Social Security Number: 307-29-3609
Taxable Marital Status: SINGLE

Exemptions/Allowances:

FEDERAL: 6
STATE: 0

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b Employer's FED ID number 27-0417139	a Employee's SSA number 307-29-3609		
7 Social security tips	8 Allocated tips		
9 Verification Code aac2-1c5c-1172-3c66	10 Dependent care benefits		
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Federal Filing Copy W-2 Wage and Tax Statement OMB No. 1545-0008		2017	
Copy B to be filed with employee's Federal Income Tax Return.			

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Copy 2 to be filed with employee's State Income Tax Return.			

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