2017 W-2 and Earnings Summary

Wages, Tips, Other Comp. Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages and Tips Box 5 of W-2
\$10,921.60 \$0.00 \$0.00 \$0.00 \$0.00 N/A \$10,921.60	\$10,921.60 \$0.00 N/A \$0.00 \$0.00 \$0.00 \$10,921.60	\$10,921.60 \$0.00 N/A \$0.00 \$0.00 N/A \$10,921.60
Fed Income Box 2 of W-2	Social Security Box 4 of W-2	Medicare Box 6 of W-2 \$158.36
	\$10,921.60 \$0.00 \$0.00 \$0.00 \$0.00 N/A \$10,921.60 Fed Income Box 2 of W-2	Box 1 of W-2 Box 3 of W-2 \$10,921.60 \$10,921.60 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$10,921.60 Fed Income Social Security

SINDHURA YALAMANCHILI 2704 HAMMOCK LAKE DR LITTLE ELM, TX 75068

Wage and Tax Statement

Form W-2

The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

Form W-2

Form W-2 Wage and Tax Statement Copy C -- For EMPLOYEE'S RECORDS This information is being furnished to IRS. If you are required to OMB No. 1545-0008 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. Department of Treasury -- Internal Revenue Service OCC01 A9B4 04763 Employer's name, address, and ZIP code SIGNATURE COMMERCIAL SOLUTIONS 200 W CYPRESS CREEK ROAD SUITE 400 FORT LAUDERDALE FL 33309 Employee's name, address, and ZIP code SINDHURA YALAMANCHILI 2704 HAMMOCK LAKE DR LITTLE ELM TX 75068 10,921.60 1,908.48 Wages, tips, other comp. 2 Fed. income tax withheld 10,921.60 677.12 Social security wages 4 Soc. sec. tax withheld 10,921.60 158.36 Medicare wages and tips 6 Medicare tax withheld Social security tips 8 Allocated tips 9 Verification code 10 Dependent care benefits E689-5504-B1A5-E631 11 Nonqualified plans 12a 12b 13 Statutory employee Retirement plan Third-party sick pay 12c 12d Employee's SSN 14 103-04-9315 Employer ID number (EIN) 27-0221186 15 St. Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Copy B To Be Filed W	th 2017			
Employee's FEDERAL Tax	Return. OMB No. 1545-000 Department of Treasury			
This information is being furnished to the IF	S. Internal Revenue Service			
Control OCC01 A9B4	04763			
Employer's name, address, and ZIP code SIGNATURE COMMER 200 W CYPRESS CR FORT LAUDERDALE	EEK ROAD SUITE 400			
Employee's name, address, and ZIP code SINDHURA YALA 2704 HAMMOCK LITTLE ELM TX	LAKE DR			
10,921.6 1 Wages, tips, other comp.	2 Fed. income tax withheld			
10,921.6 3 Social security wages	677.12 4 Soc. sec. tax withheld			
10,921.6 5 Medicare wages and tips	158.36 6 Medicare tax withheld			
7 Social security tips	8 Allocated tips			
9 Verification code E689-5504-B1A5-E63	10 Dependent care benefits			
11 Nonqualified plans	12a 12b			
13 Statutory Retirement Third-party sick pay	12c			
Employee's SSN 103-04-9315 Employer ID number (EIN) 27-0221186	12d 14			
4.5	6 State wages, tips, etc. 17 State income tax			
	9 Local income tax 20 Locality name			

Wage and Tax Statement

Copy 2 To Be Filed \ Employee's State, City, or Income Tax Return.				OMB No. 1545-000	
Control oCC01 A9B	34	0476		ernal Revenue Service	
Employer's name, address, and ZIP code SIGNATURE COMME 200 W CYPRESS C FORT LAUDERDALE	RC	EK ROAL	0 5		
Employee's name, address, and ZIP code SINDHURA YAL 2704 HAMMOCK LITTLE ELM T	AM I	AKE D	R		
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9 Verification code E689-5504-B1A5-E631		10 Dependent care benefits			
11 Nonqualified plans		12a			
13 Statutory Retirement Third-part	у	12b 12c			
employée plan sick pay		12d	-		
Employee's SSN 103-04-9315		14			
Employer ID number (EIN) 27-0221186					
15 St. Employer's state ID number	16	State wages, tips	, etc.	17 State income tax	
18 Local wages, tips, etc.	19	Local income tax		20 Locality name	
18 Local wages, tips, etc. orms Software Only	19 Local income tax			20 Locality name	

Employee's State, City, or Income Tax Return.	Loc	cal	Departme	B No. 1545-000 nt of Treasury - evenue Service	
Control number 0CC01 A9B	4	04763	3		
Employer's name, address, and ZIP code SIGNATURE COMME: 200 W CYPRESS COMMENTALE	RC:	EK ROAL	SUI		
Employee's name, address, and ZIP code SINDHURA YALZ 2704 HAMMOCK LITTLE ELM TO	AM. L	AKE D			
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10,921.6 5 Medicare wages and tips		6 Medicar		8.36	
7 Social security tips		8 Allocated tips			
9 Verification code E689-5504-B1A5-E631		10 Dependent care benefits			
11 Nonqualified plans		12a 12b			
13 Statutory Retirement Third-party sick pay	,	12c			
sick pay		12d			
Employee's SSN 103-04-9315		14			
Employer ID number (EIN) 27-0221186					
15 St. Employer's state ID number	16 s	State wages, tips, etc. 17 State income			
18 Local wages, tips, etc.	19 Local income tax		20 L	ocality name	

Wage and Tax Statement

Form W-2