Notice to Employee Do you have to file? Refer to the Form 1040 Instructions to determine if you are required to file a tar ctrum. Even if you do not have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit. Emmed income credit (BGL), Nou may be able to take the EIC for 2017 if your adjusted gross income (AGI) is less than a certain amount. The annount of credit is based on income and framily size. Workers without children could quality for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC for your aivestment income is more than the specified amount for 2017 or if income is aread for services provided while you were an immate at a penal institution. For 2017 in come limits and more information, vist ww w are, societ. Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax lability is refunded to you, but only if you file a tax return. Also see Pub. 590, taiment income creater, sur lace una to more una series and series an

Service of the servic Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSA, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2 form our employer for all corrections mules ony our my filt them with your tax return. If your name and SSN are correct but archi the same as shown on your social security card, you should ask for a new card that dlapples your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at www.SSA.gov. **Cost of employer-spassored health coverage** (if such **cost** is provided by the **employer**). The reporting in Box 12, using Code DD, of the cost of **employer-spassored health coverage** (if such **cost** is provided by the **employer**). The reporting in Box 12, using Code DD, of the cost of **employer**-sponsored health coverage (if such cost of **employer-spassored health coverage** (if such **cost** is provided by the **employer**). The reporting in Box 12, using Code DD, of the cost of **employer**-sponsored health coverage (if such cost and **cost of the scccs** a gainst your federal income tax. If you had more than B7,886.40 in social security and/or Fier 1 railvoad retirement (RRT A) taxes were withheld, you also may be able to clain a credit for the scccss a gainst your federal income tax. If you had more than ore than afto, employer and more than \$4,630.50 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. Sec your Form 10400 Form 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax.

## Instructions for Employee

Instructions for Emproved wages line of your tax return.
Box 1. Enter this amount on the federal income tax withheld line of your tax return.
Box 5. Your may be required to report this amount on Form 8999, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8999.
Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above

\$220,000.
Box 8. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.
You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated it parnount unless you can prove that you received a smaller amount. If you have records that show the actual amount of tips you received, a smaller amount If you have records that allocated tips of Form 4137 out will calculate the social security and Medicare Tax owed on the allocated tips shown on your Form(s) W-2 that you for the social security and Medicare tax owed on the allocated tips.

must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits). Box 9. If you are e-filing and if there is a code in this box, enter it when prompted by your software. The only valid characters are the ketters AF and numents (0-9. This code assists the IRS in validating the W-2 data submitted with your return. The code is not entered on paper-filed returns. Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (nc huding amounts from a section 125 (cafderina) plan). Any amount over 55,000 also is included in box 1. Complete Form 2441, Child and Dependent Care Experses, to compute any taxable and nontaxable amounts. Box 11. This amount is (0a) reported in box 1 if is a distribution made to you from a nonqualified deferred compensation rongovernmental section 457(b) plan the heacma taxable for social security and Medicare taxas this year because there is no longer a substantial risk of forferiture of your ight to the deferred amount. This box shoulds the town 457(b) plan that bacen taxable for social security and Medicare taxas this year because there is no longer a substantial risk of forferiture of your oyu are or will be age 62 by the end of the calendary arer, your employer should the Form SA-131, you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a

Box 12. The following list explains the codes shown in box 12. You may need this information to Complete your return. Beckvice deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$18,000 (\$12,500 if you only here SIMPLE plans; \$21,000 for scion 403(b) plans if you qualify for the 15-year rule explained in Pub. \$711). Deferrals under code G are limited to \$18,000. Deferrals under code H are limited to

have SIMPLE plans; 524,000 ton second and the second and second an u made excess

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions. C-Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social

security wage base), and 5) D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See "Adjusted Grosss Income" in the Form 1040 instructions for how to deduct. J—Notaxable Six pay (information only, not included in boxes 1, 3, or 5) K—20% excise tax on excess golden parachate payments. See "Other Taxes" in the Form 1040

Instructions. L—Substantiated employee business sequences relatively for a first sequence over \$30,000 (forme employees only, see "Other Taxes" in the Form 1040 instructions. N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions. N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions. P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

O-Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on

Constraints of the second s

–Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to mpute any taxable and nontaxable amounts.

compute any taxable and nontaxable amounts. **V**—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting

requirements. W—Empbyer contributions (including amounts the employee elected to contribute using a section 125 (cafetria) plan) to your Health Savings Account. Report on Form 8889, Health Savings Accounts

(ISAs). Z—Deferrate under a section 409A nonqualified deferred compensation plan. Z—Derome under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Other Taxs" in the Form 1040 instructions. AA—Designated Roth contributions under a section 401(k) plan. BB—Designated Roth contributions under a section 403(b) plan. DB—Decost of employer-sponsored health coverage. The amount reported with Code DD is not taxable.

DD—Coxi of emphyser-sponsored health coverage. The amount reported with Coxie to a similar taxable.
 EE—Designated Roth contributions under at governmental section 457(b) plan. This amount does not apply to contributions under at a scenary torginariant section 457(b) plan.
 FF—Permittel benefits under a qualified small emphyser health reinbursement arrangement Box 13.1 (ft me Klerinement plan" toos is checked, special limits may apply to the amount of tradiniant IRA contributions you may deduct. See Pub. 500-A. Contributions to Individual Retrement Arrangement (IRAs).
 Box 14.4 Employers may use this box to report information such as state disability insurance taxes withhell, union dues, uniform payments, health insurance prennima delucted, nonixable income, educational assistance payments, et a methore of the clergy's payroange allowance and utilities. Texa. Medicare tras. and Addinianal Medicare Tax. Include tips reported by the employee to the employee to in nalooal retirement (RETA) compression.

a SIMPLE retrement account that is part of a section 40(k) arrangement. E—Electice deferrals under a section 40(k) salary reduction agreement F—Electice deferrals under a section 40(k) salary reduction SEP G—Electice deferrals under a section 40(k) salary reduction SEP G—Electice deferrals under a section 40(k) salary reduction SEP G—Electice deferrals under a section 40(k) salary reduction SEP G—Electice deferrals under a section 40(k) salary reduction SEP G—Electice deferrals under a section 40(k) salary reduction SEP G—Electice deferrals under a section 40(k) salary reduction SEP generation 40(k) salary reduction SEP deferred compensation plan Mathematication (salary reduction section 457(k)) salary (salary sect

### Form W-2 Wage and Tax Statement 2017

Copy C, for employee's records This information is being furnished to the Internal Revenue Service. If you are required to 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.

								may be impood	on you if this income is taxable and you fail to			
d Control number Void		c Employer's name, address, and ZIP code			Department of the Treasury - Internal Revenue Service							
0472-E	472-D214 0000296056-000400		TECH MAHINDRA AMERICAS INC			OMB No. 1545-0008						
b Employer's identification number		ber a Employee's	a Employee's social security number			RESTON PARK BLVD		· · · · · · · · · · · · · · · · · · ·				
22-3	282696	711-2	711-22-1593					1 Wages, tips, other compensation 25553.70	2 Federal Income tax withheld 4817.13			
		tirement	,		- SUITE 500			23333.70	4017.15			
	ployee   pla		sick pay		PLANO TX 75093			3 Social Security wages	4 Social Security tax withheld			
						1 IX 15055		25553.70	1584.33			
12 See	Instrs. for Box 12	14 Other			e Employee	's name, address, and ZIP code		5 Medicare wages and tips	6 Medicare tax withheld			
С	22.14							25553.70	370.52			
DD 861.33					MUKES	SH SAMANTARAY		7 Social Security tips	8 Allocated Tips			
					33 HILI	LANDALE AVE						
								10 Dependent care benefits	11 Nonqualified plans			
				STAM	FORD CT 09602			· · · · · · · · · · · · · · · · · · ·				
								Verification Code				
								a58f-29f3-2fac-3fd5				
15 State	Employer's stat	e I.D. No.	16 State wages	, tips, etc.		17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
CT	T 8192056-000 2		5553.70	1303.90								

# Form W-2 Wage and Tax Statement

2017

Copy B, to be filed with employee's FEDERAL tax return

d Control number 0472-D214 0000296056-000 b Employer's identification number   a Employee's socia			Void	c Employer's name, address, and ZIP code TECH MAHINDRA AMERICAS IN 4965 PRESTON PARK BLVD			S INC	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008						
22-3282696 711-			1-22-1593		SUITE 500			1 Wages	s, tips, other comp	ensation 25553.70	2 Federal Income tax with	4817.13		
		Third-party sick pay		PLANO TX 75093				3 Social	Security wages	25553.70	4 Social Security tax with	1584.33		
C		2.14	Other			e Employee	's name, address, and ZIP cod	le		5 Medica	are wages and tips	25553.70	6 Medicare tax withheld	370.52
DD 861.33						MUKESH SAMANTARAY 33 HILLANDALE AVE				7 Social	Security tips		8 Allocated Tips	
				STAMFORD CT 09602				10 Deper	ndent care benefit	s	11 Nonqualified plans			
					l					Verifi	cation Code	•		
										a58f-29f3-2fac-3fd5				
15 State Employer's state I.D. No.		. No.	16 State wages	tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income	tax	20 Locality name		
СТ	8192056	5-000			25	5553.70	1	303.90						
	1													

### Form W-2 Wage and Tax Statement 2017

Copy 2, to be filed with employee's tax return for CT

d Control number Void					Void	c Employer's name, address, and ZIP code				Department of the Treasury - Internal Revenue Service				
0472-D214 0000296056-000400						TECH MAHINDRA AMERICAS INC				OMB No. 1545-0008				
			4965 PRESTON PARK BLVD				1 Wages, tips, other compensation 2 Federal Income tax withheld							
22-3282696 711-22-1593			SUITE 500				25553.70		4817.13					
13 Statutory Retirement Employee plan			Third-party sick pay		PLANO TX 75093				3 Social Security wages 4 Social Security tax with 25553.70					
12 See Instrs. for Box 12 14 Other				e Employee's name, address, and ZIP code				are wages and tips	6 Medicare tax withheld					
C 22.14								25553.70		370.52				
DD 861.33				MUKESH SAMANTARAY 33 HILLANDALE AVE				Security tips	8 Allocated Tips					
				STAMFORD CT 09602				ndent care benefits	11 Nonqualified plans					
							Verifi	cation Code						
15 State Employer's state I.D. No. 16 State wages, tips, etc.					, tips, etc.	17 State income tax     18 Local wages, tips, etc.				19 Local income tax	20 Locality name			
CT	8192056-000		2	5553.70	1303.90									