## 2017 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Control number Employer use only R8/K29 Employer's name, address, and ZIP code IT QUARTERBACKS Fed. Income

4309 GINGER COVE DR SUITE E TAMPA, FL 33634

Batch #96025

e/f Employee's name, address, and ZIP code NAGA SESHU BABU EDE 4309 GINGER COVE DR

TAMPA, FL 33	634						
b Employer's FED ID 81-33930		a Employee's SSA number 629-77-5678					
1 Wages, tips, other	comp. 2	Federal income	tax withheld				
120	00.00		1124.60				
3 Social security was	ges 4	Social security	tax withheld				
5 Medicare wages an	nd tips 6	Medicare tax w	rithheld				
7 Social security tips	8	8 Allocated tips					
9 Verification Code	10	10 Dependent care benefits					
11 Nonqualified plans		12a See instructions for box 12					
14 Other	100	12b					
1 5		12c					
	100	2d	h				
	1;	3 Stat emp Ret. pla	n 3rd party sick pay				
15 State Employer's	state ID no. 1	6 State wages, ti	ps, etc.				
17 State income tax	1	8 Local wages, ti	ps, etc.				
19 Local income tax	2	20 Locality name					

Tax Withheld

Box 2 of W-2

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.

12000.00 Social Security

Tax Withheld

Box 4 of W-2

1124.60 Medicare Tax Withheld Box 6 of W-2

State Income Tax Box 17 of W-2

Local Income Tax Box 19 of W-2

SUI/SDI Box 14 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 Box 5 of W-2

Gross Pay

12,000.00 12,000.00

12,000.00 0.00

12,000.00 0.00

Reported W-2 Wages

2017 ADP, LLC

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

NAGA SESHU BABU EDE 4309 GINGER COVE DR **TAMPA, FL 33634** 

Social Security Number: 629-77-5678 Taxable Marital Status: SINGLE

Exemptions/Allowances:

FEDERAL: 2

1 Wages, tips, other co	omp. <b>00.00</b>	2 Federal income tax withheld 1124.60				
3 Social security wage	s	4 Social security tax withheld				
5 Medicare wages and tips		6 Medica	re tax withheld			
d Control number	Dept.	Corp.	Employer use only			
000014 R8/K29			7			
c Employer's name, address, and ZIP code						

IT QUARTERBACKS LLC 4309 GINGER COVE DR SUITE E TAMPA, FL 33634

b	Employer's FED ID number 81-3393087	a Employee's SSA number 629-77-5678				
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 page				
e/f	Employee's name, address ar	nd ZIP code				

NAGA SESHU BABU EDE 4309 GINGER COVE DR

**TAMPA, FL 33634** 

15 State Employer's state ID no. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name Federal Filing Copy

Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other c	omp. <b>00.00</b>	2 Federal income tax withheld 1124.60				
3 Social security wage	es	4 Social security tax withheld				
5 Medicare wages and	l tips	6 Medica	re tax withheld			
d Control number	Dept.	Corp.	Employer use only			
000014 R8/K29			1 7			

IT QUARTERBACKS LIC 4309 GINGER COVE DR SUITE E TAMPA, FL 33634

b	Employer's FED ID number 81-3393087	a Employee's SSA number 629-77-5678				
7	Social security tips	8 Allocated tips				
9	Verification Code	10 Dependent care benefits				
11	Nonqualified plans	12a				
14	Other	12b				
		12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				
e/f	Employee's name, address ar	nd ZIP code				

NAGA SESHU BABU EDE 4309 GINGER COVE DR

TAMPA, FL 33634							
15 State Employer's state ID no.	16 State wages, tips, etc.						
17 State income tax	18 Local wages, tips, etc.						
19 Local income tax	20 Locality name						

State Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.

1	1 Wages, tips, other comp. 12000.00		2 Federal income tax withheld 1124.60				
3	3 Social security wages		4	4 Social security tax withheld			
5	Medicare wages and	d tips	6	6 Medicare tax withheld			
d	Control number	Dept.	Corp.		Employer use only		
00	00014 R8/K29				7		
С	Employer's name, a	ddress, ar	nd :	ZIP cod	е		
<u></u>	c Employer's name, address, and ZIP code IT QUARTERBACKS LLC 4309 GINGER COVE DR SUITE E TAMPA, FL 33634						

b	Employer's FED ID number 81-3393087	a Employee's SSA number 629-77-5678				
7	Social security tips	8 Allocated tips				
9	Verification Code	10 Dependent care benefits				
11	Nonqualified plans	12a				
14	Other	12b				
		12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				
e/f	Employee's name, address ar	nd ZIP code				

NAGA SESHU BABU EDE 4309 GINGER COVE DR ΤΔΜΡΔ FI 33634

17.III 7, 12 00004										
15	State	Employer's	state	ID	no.	16	State	wages.	tips.	etc.
		,				1			,	
						ᆫ				
17	State	income tax				18	Local	wages,	, tips,	etc.

19 Local income tax 20 Locality name or Local Reference Copy

Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income Tax Return.