**Employee** Reference Copy Wage and Tax Statement Copy C for employee's record Control number Dept. Corp. Employer use only CLI2/ZSL ASG-AC 166

Employer's name, address, and ZIP code

**WIPRO LTD** 2 TOWER CENTER BL #2200 EAST BRUNSWICK NJ 08816

### Batch #02604

e/f Employee's name, address, and ZIP code

SUBASH MENON 612 MILL GROVE DR **NORRISTOWN PA 19403** 

b	Emplo	yer's FED ID number 98-0154401	а	E	Empl		ee's SS. 43-11-	A number •9002	
1	Wage	s, tips, other comp.	2	F	eder	al	income	tax withhel	d
		91911.34						7757.43	3
3	Social	security wages	4	5	Socia	l s	ecurity	tax withheld	d
		91911.34						5698.50	)
5	Medic	are wages and tips	6	Ν	/ledic	ar	e tax wi	thheld	
		91911.34						1332.7	ı
7	Social	security tips	8 Allocated tips						
9		ation Code 205c-146f-7667	10	10 Dependent care benefits					
11	Nonqu	alified plans		_	C		uctions fo	38.00	
14	Other				DD		1	<u>2304.42</u>	
٠.	•	57.57 SUI	12	_					
			12			_			
			13	S	Stat en	npi	Ret. plan	3rd party sick	pay
15	State	Employer's state ID n	<b>o.</b> 16	3 8	State	wa	ges, tip	s, etc.	
F	PA	1908 0720						91873.34	4
17	State i	ncome tax	18	3 <b>L</b>	ocal	w	ages, tip	s, etc.	
		2820.51	76431.31			1			
19	Local	income tax 764.37	20 Locality name 150304						

1	Wages, tips, other o	2 Federal income tax withheld 7757.43			
3	Social security wag 919	es 11.34	4 Social security tax withheld 5698.50		
5	Medicare wages and 919	d tips 11.34	6 Medicare tax withheld 1332.71		
d	Control number	Dept.	Corp.	Employer u	use only
01	5597 CLI2/ZSL	ASG-AC		Α	166

Employer's name, address, and ZIP code

WIPRO LTD 2 TOWER CENTER BL #2200 EAST BRUNSWICK NJ 08816

b	Employer's FED ID number 98-0154401	a Employee's SSA number 043-11-9002					
7	Social security tips	8 Allocated tips					
9	Verification Code f277-205c-146f-7667	10 Dependent care benefits					
11	Nonqualified plans	12a See instructions for box 12 C 38.00					
14	Other	12b DD		12304.42			
	57.57 SUI	12c					
		12d					
		13 Stat em	p. Ret. plan	3rd party sick pay			
10	" - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						

e/f Employee's name, address and ZIP code

SUBASH MENON 612 MILL GROVE DR **NORRISTOWN PA 19403** 

15 State   Employer's state ID no. 1908 0720	16 State wages, tips, etc. 91873.34
17 State income tax	18 Local wages, tips, etc.
2820.51	76431.31
19 Local income tax	20 Locality name
764.37	150304
Federal Fili	ng Copy

Wage and Statement Copy B to be filed with employee's Federal Income Tax Return 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 2018 pay stub plus any adjustments submitted by your employer.

**Gross Pay** 95944.03 **Social Security** Tax Withheld

Box 4 of W-2

5698.50

PA. State Income Tax

Box 14 of W-2

Box 17 of W-2 SUI/SDI/FLI

2820.51 57 57

Fed. Income Tax Withheld Box 2 of W-2

7757.43 **Medicare Tax** Withheld Box 6 of W-2

1332.71

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other	Social Security	Medicare	PA. State Wages,
	Compensation	Wages	Wages	Tips, Etc.
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2	Box 16 of W-2
Gross Pay	95,944.03	95,944.03	95,944.03	95,944.03
Plus GTL (C-Box 12)	38.00	38.00	38.00	N/A
Less Other Cafe 125 Reported W-2 Wages	4,070.69	4,070.69	4,070.69	4,070.69
	<b>91,911.34</b>	<b>91,911.34</b>	<b>91,911.34</b>	<b>91,873.34</b>

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

SUBASH MENON 612 MILL GROVE DR NORRISTOWN PA 19403 Social Security Number: 043-11-9002 Taxable Marital Status: MARRIED Exemptions/Allowances:

FEDERAL: 6

STATE:

© 2018 ADP, LLC

1	Wages, tips, other	comp. 911.34	2 Federal income tax withhel 7757.43			
3	Social security wa	ges 911.34	4 Social security tax withheld 5698.50			
5 Medicare wages and tips 91911.34			6 Medicare tax withheld 1332.71			
d	Control number	Dept.	Corp.	Employe	er use only	
01	5597 CLI2/ZSL	ASG-AC		Α	166	

c Employer's name, address, and ZIP code

WIPRO LTD 2 TOWER CENTER BL #2200 EAST BRUNSWICK NJ 08816

b	Employer's FED ID number 98-0154401	a Employee's SSA number 043-11-9002				
7	Social security tips	8 Allocated tips				
9	Verification Code	10 Dependent care benefits				
11	Nonqualified plans	12a C   38.00				
14	Other	<sup>12b</sup> DD <sub> </sub> 12304.42				
	57.57 SUI	12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				

e/f Employee's name, address and ZIP code

SUBASH MENON 612 MILL GROVE DR **NORRISTOWN PA 19403** 

15 State Employer's state ID no. 1908 0720	16 State wages, tips, etc. 91873.34
17 State income tax	18 Local wages, tips, etc.
2820.51	76431.31
19 Local income tax	20 Locality name
764.37	150304
PA.State Ref	ference Copy

Wage

and Tax Statement Copy 2 to be filed with employee's State Income Tax

Wages, tips			2 Federal income tax withhel 7757.43				
Social secu	rity wag 919	<sub>jes</sub> 11.34	4	4 Social security tax withheld 5698.50			
Medicare w	ages an	d tips 11.34	6	Medicare tax withheld 1332.71			
Control nur	nber	Dept.		Corp.	Empl	oyer use only	
5597 CLI2	/ZSL	ASG-AC			Α	166	
	Social secu Medicare w	919 Social security was 919 Medicare wages an 919 Control number		91911.34  Social security wages 91911.34  Medicare wages and tips 91911.34  Control number Dept.	91911.34  Social security wages 91911.34  Medicare wages and tips 91911.34  Control number Dept. Corp.	91911.34  Social security wages 91911.34  Medicare wages and tips 91911.34  Control number Dept. Corp. Empl	

Employer's name, address, and ZIP code

WIPRO LTD 2 TOWER CENTER BL #2200 EAST BRUNSWICK NJ 08816

b	Employer's FED ID number 98-0154401	аЕ	a Employee's SSA number 043-11-9002				
7	Social security tips	8 A	8 Allocated tips				
9	Verification Code	10 Dependent care benefits					
11	Nonqualified plans	12a	С		38.00		
14	Other	12b	DD	1	2304.42		
	57.57 SUI	12c	i				
		12d	i				
		<b>13</b> S	tat emp.	Ret. plan	3rd party sick pay		

e/f Employee's name, address and ZIP code

SUBASH MENON 612 MILL GROVE DR **NORRISTOWN PA 19403** 

15 State I PA 1	Employer's state ID no.   908 0720	16 State wages, tips, etc. 91873.34
17 State in	ncome tax	18 Local wages, tips, etc.
	2820.51	76431.31
19 Local i	income tax	20 Locality name
	764.37	150304
	DA 04-4- EII:	on Cons

PA.State Filing Copy Wage

and Statement Copy 2 to be filed with employee's State Income Tax

# 2018 W-2 and EARNINGS SUMMARY

City or Local Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income Tax Return Control number Dept. Corp. Employer use only 167 CLI2/ZSL ASG-AC

Employer's name, address, and ZIP code

**WIPRO LTD** 2 TOWER CENTER BL #2200 EAST BRUNSWICK NJ 08816

### Batch #02604

e/f Employee's name, address, and ZIP code

SUBASH MENON 612 MILL GROVE DR **NORRISTOWN PA 19403** 

b	Emplo	yer's FED ID number 98-0154401	а	Empl		ee's SS. 43-11-		er
1	Wage	s, tips, other comp.	2	Feder	al	income	tax with	nheld
		91911.34					7757	7.43
3	Socia	security wages	4	4 Social security tax withheld				held
		91911.34					5698	3.50
5	Medic	are wages and tips	6	Medic	ar	e tax wi		
		91911.34					1332	2.71
7	Social	security tips	8 Allocated tips					
9	Verific	ation Code	10	10 Dependent care benefits				
11	Nonqu	ualified plans		C		uctions fo	32.2	
14	Other			b DD	<u> </u>	1	2304.	42
		47.93 SUI	12	•				
				-	nn	Ret. plan	Brd party	eick nav
			''	Stat Ci	''P.	ixet. piair	Did party	sick pay
15	State	Employer's state ID no	<b>).</b> 16	State	wa	iges, tip	s, etc.	
		ncome tax	18	Local	W	ages, tip	s, etc. <b>7643</b> 1	1.31
19	Local	income tax 764.37	20	Local		name   <b>5030</b> 4	1	

1 Wages, tips, other comp. 91911.34			2 Federal income tax withheld 7757.43			
3 Social security wages 91911.34			4 Social security tax withheld 5698.50			
5 Medicare wages and tips 91911.34			6 Medicare tax withheld 1332.71			
d	Control number	Dept.		Corp.	Employer	use only
01	5597 CLI2/ZSL	ASG-AC			Α	167

c Employer's name, address, and ZIP code

WIPRO LTD 2 TOWER CENTER BL #2200 EAST BRUNSWICK NJ 08816

b	Employer's FED ID number 98-0154401	a Employee's SSA number 043-11-9002						
7	Social security tips	8 Allocated tips						
9 Verification Code		10 Dependent care benefits						
11 Nonqualified plans		12a See instructions for box 12 C 32.24						
14	Other	12b DD	•	12304.42				
	47.93 SUI	12c						
		12d						
		13 Stat em	p. Ret. plan	3rd party sick pay				
_ /£	of Employee's name address and ZID code							

e/f Employee's name, address and ZIP code SUBASH MENON

612 MILL GROVE DR **NORRISTOWN PA 19403** 

15 State Employer's state	ID no. 16 State wages, tips, etc.					
17 State income tax	18 Local wages, tips, etc. <b>76431.31</b>					
19 Local income tax 764.	20 Locality name 150304					
City or Loca	al Filing Copy					
W-2 Wage and Tax 2018 Statement OMB No. 1545-0008 Copy 2 to be filed with employee's City or Local Income Tax Return.						

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 2018 pay stub plus any adjustments submitted by your employer.

**Gross Pay** 79883.55 **Social Security** Tax Withheld

Box 4 of W-2

5698.50

1332.71

**Local Income Tax** 

Box 19 of W-2 SUI/SDI/FLI

Box 14 of W-2

47 93

764.37

Fed. Income Tax Withheld 7757.43 **Medicare Tax** Withheld Box 6 of W-2 Box 2 of W-2

**Gross Pay** 

Plus GTL (C-Box 12)

Less Other Cafe 125

Reported W-2 Wages

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

150304 UPPER Local Wages, Tips, Etc. Box 18 of W-2 79,883.55 N/A 3 452 24 76,431.31

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

SUBASH MENON 612 MILL GROVE DR NORRISTOWN PA 19403

Social Security Number: 043-11-9002 Taxable Marital Status: MARRIED Exemptions/Allowances:

FEDERAL: 6

LOCAL:

\* All PA local wages and withholding for Act 32 are reported to © 2018 ADP, LLC the employee work location PSD code.

# EFT BLAN

### Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return. Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

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 \$200,000.

Box 8. This amount is not included in box 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 tip amount unless you can prove that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. On Form 4137 you will calculate the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you 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 letters A-F and the digits 0-9. This code assists the IRS in validating the W-2 data submitted with your return. The code is not entered on

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 also is included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable

**Box 11.** This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nade to you from a horiqualined deterted compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution is the same pagendar year and deferral and received a distribution in the same calendar year, and 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 copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective 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 \$18,500 (\$12,500 if you only have SIMPLE plans; \$21,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$18,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2018, your employer may have allowed an additional deferral of up to \$6,000 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the instructions for Form 1040.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year

A-Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See the Form 1040 instructions.

B-Uncollected Medicare tax on tips. Include this tax on Form 1040. See 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 a SIMPLE retirement account that is part of a section 401(k) arrangement.

E-Elective deferrals under a section 403(b) salary reduction agreement F-Elective deferrals under a section 408(k)(6) salary reduction SEP

G-Elective deferrals and employer contributions (including nonelective

deferrals) to a section 457(b) deferred compensation plan H-Elective deferrals to a section 501(c)(18)(D) tax-exempt

organization plan. See the Form 1040 instructions for how to deduct.

**J**-Nontaxable sick pay (information only, not included in box 1, 3, or 5) K-20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L-Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N-Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

**P**—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q-Nontaxable combat pay. See the instructions for Form 1040 for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts. S-Employee salary reduction contributions under a section 408(p)

SIMPLE plan (not included in box 1) T-Adoption benefits (not included in box 1). Complete Form 8839, Qualified

Adoption Expenses, to 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**-Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y-Deferrals under a section 409A nonqualified deferred compensation plan

**Z**-Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount also is included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA-Designated Roth contributions under a section 401(k) plan

BB-Designated Roth contributions under a section 403(b) plan DD-Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

EE-Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF-Permitted benefits under a qualified small employer health reimbursement arrangement

GG-Income from qualified equity grants under section 83(i)

HH-Aggregate deferrals under section 83(i) elections as of the close of the calendar year

**Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filling your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

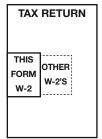
Department of the Treasury - Internal Revenue Service

# NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



## **Notice to Employee**

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't 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.

Earned income credit (EIC). You may be able to take the EIC for 2018 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2018 or if income is earned for services provided while you were an inmate at a penal institution. For 2018 income limits and more information, visit www.irs.gov/EITC. Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA)

to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You also may visit the SSA website at www.SSA.gov.

Cost of employer-sponsored 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 is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2018 and more than \$7,960.80 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$4,674.60 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 instructions and Pub. 505, Tax Withholding and Estimated Tax.