04741 A217 00024

Staff

2017	W-2 ar	nd Earnings	s Summary
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\$4,723.68

Form W-2 V	age and Tax Statement		
Copy C For EMPLOYE	E'S RECORDS 2017		
This information is being furnished to IRS. I file a tax return, a negligence penalty or oth imposed on you if this income is taxable ar	ner sanction may be Department of Treasury		
Control 04741 A217			
Employer's name, address, and ZIP code INDUS GROUP 15 WARREN ST, HACKENSACK NJ	SUITE # 31		
Employee's name, address, and ZIP code BALA SUNDEEP 1539 KIRBY AV CHATTANOOGA	/E		
42,680.0 1 Wages, tips, other comp.	0 4,723.68 2 Fed. income tax withheld		
3 Social security wages	4 Soc. sec. tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
7 Social security tips	8 Allocated tips		
9 Verification code 423A-D1C0-E723-66E	10 Dependent care benefits		
11 Nonqualified plans	12a		
	12b		
13 Statutory Retirement Third-party plan sick pay	120		
	12d		
Employee's SSN 588 - 87 - 3399	14 FLI 16.08		
	UIWFS 68.34		
Employer ID number (EIN) $20-5754043$	DI 38.59		
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		

	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages and Tips
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2
Gross Pay Less: Non-Taxable Earnings Less: Retirement Deductions Less: Other Pre-tax Deductions Less: Third Party Sick Pay Less: Excess Wages Total Reported Wages	\$42,680.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A \$42,680.00	\$42,680.00 (\$42,680.00) N/A \$0.00 \$0.00 \$0.00 \$0.00	\$42,680.00 (\$42,680.00) N/A \$0.00 \$0.00 N/A \$0.00
	Fed Income	Social Security	Medicare
	Box 2 of W-2	Box 4 of W-2	Box 6 of W-2

Tax Withheld

BALA SUNDEEP KENGANA 1539 KIRBY AVE CHATTANOOGA, TN 37404

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 Wage and Tax Statement Copy 2 To Be Filed With 2017						
Employee's State, City, or I Income Tax Return.			OMB No. artment of T nal Revenu			
Control 04741 A217	7	0003			0.3014100	
Employer's name, address, and ZIP code				31		
Employee's name, address, and 21P code BALA SUNDEEP KENGANA 1539 KIRBY AVE CHATTANOOGA TN 37404						
42,680.00 1 Wages, tips, other comp.		4,723.68 2 Fed. income tax withheld				
3 Social security wages		4 Soc. sec. tax withheld				
5 Medicare wages and tips		6 Medicare tax withheld				
7 Social security tips		8 Allocated tips				
9 Verification code 423A-D1C0-E723-66BB		10 Dependent care benefits				
11 Nonqualified plans		a b				
13 Statutory Retirement Third-party plan Sick pay		c d	-			
Employee's SSN 588-87-3399		14 FLI 16.08			16.08 68.34	
Employer ID number (EIN) 20-5754043		IWFS			38.59	
15 St. Employer's state ID number	16 Stat	e wages, ti	ps, etc.	17 State	income tax	
18 Local wages, tips, etc. 19		9 Local income tax		20 Locality name		

	ige and Tax Statement					
Copy 2 To Be Filed With 2017						
Employee's State, City, or Lo Income Tax Return.	Department of Treasury					
Control 04741 A217	Internal Revenue Service					
Employer's name, address, and ZIP code						
INDUS GROUP IN						
15 WARREN ST, SUITE # 31						
HACKENSACK NJ	07601					
Employee's name, address, and ZIP code BALA SUNDEEP I						
1539 KIRBY AV						
CHATTANOOGA TI						
CIATIANOOGA II	1 37404					
42,680.00	4,723.68					
1 Wages, tips, other comp.	2 Fed. income tax withheld					
3 Social security wages	4 Soc. sec. tax withheld					
5 Medicare wages and tips	6 Medicare tax withheld					
7 Social security tips	8 Allocated tips					
9 Verification code	10 Dependent care benefits					
423A-D1C0-E723-66BE						
11 Nonqualified plans	12a					
	12b					
13 Statutory Retirement Third-party sick pay	12c					
	12d					
Employee's SSN	14					
588-87-3399	FLI 16.08 UIWFS 68.34					
Employer ID number (EIN) 20-5754043	DI 38.59					
15 St. Employer's state ID number 1	State wages, tips, etc. 17 State income tax					
18 Local wages, tips, etc.	D Local income tax 20 Locality name					

Employer's name, address, and ZIP code INDUS GROUP INC 15 WARREN ST, SUITE # 31 HACKENSACK NJ 07601 Employee's name, address, and ZIP code BALA SUNDEEP KENGANA 1539 KIRBY AVE CHATTANOOGA TN 37404 42,680.00 Wages, tips, other comp. 4,723.68 Fed. income tax withheld 4 Soc. sec. tax withheld 3 Social security wages 5 Medicare wages and tips 6 Medicare tax withheld 7 Social security tips 8 Allocated tips 10 Dependent care benefits 9 Verification code 423A-D1C0-E723-66BB 11 Nonqualified plans 12a 12b 13 Statutory Retirement Third-party sick pay 12c 12d Employee's SSN 14 588-87-3399 FLI UIWFS 16.08 68.34 Employer ID number (EIN) DI 38.59 20-5754043 15 St. Employer's state ID number 16 State wages, tips, etc. 17 State income tax 19 Local income tax 20 Locality name 18 Local wages, tips, etc.

Wage and Tax Statement

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2017

OMB No. 1545-0008 Department of Treasury --Internal Revenue Service

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Form W-2

Control number 04741

Copy B -- To Be Filed With

Employee's FEDERAL Tax Return. This information is being furnished to the IRS.

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