2017 W-2 and Earnings Summary

| | | ge and Tax Statement | | | |
|---|---------|--|--|--|--|
| Copy C For EMPLO | | | | | |
| This information is being furnished to IR file a tax return, a negligence penalty or | other s | anction may be Department of Treasury | | | |
| imposed on you if this income is taxable | | ou fail to report it. Internal Revenue Service | | | |
| number U31U2 CH | _ | 00041 | | | |
| Employer's name, address, and ZIP coo AMENSYS INC | ie | | | | |
| 860 HEBRON PA | RKI | WAY, SUITE 604 | | | |
| | | 5057 | | | |
| Employee's name, address, and ZIP co | | CUTNNAM | | | |
| 3635 GARDEN | | OOK DR., APT | | | |
| FARMERS BRAN | | · · | | | |
| FARMERS BRAN | ICII | 1 1A /JZJ4 | | | |
| 4,352. | 00 | 516.23 | | | |
| Wages, tips, other comp | э. | 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 | | | |
| 0 | | 40 Danieland and banefits | | | |
| 9 Verification code E788-B440-C87B-2CA6 | | 10 Dependent care benefits | | | |
| 11 Nonqualified plans | | 12a | | | |
| | | 12b | | | |
| 13 Statutory Retirement Third-pa | rty | 12c | | | |
| | | 12d | | | |
| Employee's SSN 791-53-7856 | | 14 | | | |
| Employer ID number (EIN) | | | | | |
| 20-1672302 | | | | | |
| | | State wages, tips, etc. 17 State income tax | | | |
| | | | | | |
| 18 Local wages, tips, etc. | | Local income tax 20 Locality name | | | |
| | | | | | |
| | | | | | |

Wage and Tax Statement

Form W-2

| | 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 |
|--|---|---|--|
| 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 | \$4,352.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A \$4,352.00 | \$4,352.00 (\$4,352.00) N/A \$0.00 \$0.00 \$0.00 \$0.00 | \$4,352.00 (\$4,352.00) N/A \$0.00 \$0.00 N/A \$0.00 |
| Tax Withheld | Fed Income Box 2 of W-2 \$516.23 | Social Security Box 4 of W-2 | Medicare Box 6 of W-2 |

GOPALAKRISHNA CHINNAM 3635 GARDEN BROOK DR., APT 16400 FARMERS BRANCH, TX 75234

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 | Wa | ge an | d T | ax Sta | atemer |
|---|---------|----------------------------|---------|-------------|-------------------------------|
| Copy B To Be Filed | With | _ | | | 2017 |
| Employee's FEDERAL To | | | | | No. 1545-000 |
| This information is being furnished to the | he IRS. | | | | t of Treasury enue Service |
| Control 03102 CH | IG | 000 | 41 | | |
| Employer's name, address, and ZIP co | de | | | | |
| AMENSYS INC | | | | | |
| 860 HEBRON PA | | | St | JITE | 604 |
| LEWISVILLE TX | ζ 7. | 5057 | | | |
| Employee's name, address, and ZIP co | | G11T1 | | | |
| GOPALAKRISH | | - | | | 7 D. |
| 3635 GARDEN | | | | R., 5234 | APT |
| FARMERS BRAN | NCH | TX | /: | 0 2 3 4 | |
| 4 252 | 0.0 | Ι | | г1 | <i>-</i> 22 |
| 4,352. 1 Wages, tips, other com | | 2 Fed. | inco | | 6.23 withheld |
| vvages, ups, other com | ıp. | 2 160. | IIICC | ine tax | WILLIFICIA |
| 3 Social security wages | | 4 Soc. | sec | . tax with | nheld |
| | | | | | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | | | |
| 7 Social security tips | | 8 Allocated tips | | | |
| | | · | | | |
| 9 Verification code | | 10 Dependent care benefits | | | |
| E788-B440-C87B-2 | CA6 | | | | |
| 11 Nonqualified plans | | 12a | | | |
| | | 12b | | | |
| 13 Statutory Retirement Third-party sick pay | | 12c | | | |
| | | 12d | | | |
| Employee's SSN 791-53-7856 Employer ID number (EIN) | | 14 | | | |
| | | ļ | | | |
| | | | | | |
| 20-1672302 | | | | | |
| 15 St. Employer's state ID number | 16 | State wages | , tips, | etc. 17 S | tate income t |
| | | | | | |
| 18 Local wages tips etc. 19 | | | | | |
| 18 Local wages, tips, etc. | 19 | Local incom | e tax | 20 L | ocality name |

| Form W-2 Wage and Tax Statemen | | | | | | |
|---|----------------------------------|--------------------------------------|----------|---|--|--|
| Copy 2 To Be Filed With 201 | | | | | | |
| | Employee's State, City, or Local | | | OMB No. 1545-0008 partment of Treasury | | |
| Control 02102 GIII | Income Tax Return. | | | rnal Revenue Service | | |
| number 03102 CH1 | _ | 0004 | Τ | | | |
| Employer's name, address, and ZIP code AMENSYS INC | | | | | | |
| 860 HEBRON PARKWAY, SUITE 604 | | | | | | |
| LEWISVILLE TX | 7! | 5057 | | | | |
| Employee's name, address, and ZIP code GOPALAKRISHNA CHINNAM 3635 GARDEN BROOK DR., APT : FARMERS BRANCH TX 75234 | | | | | | |
| 4,352.0 | | 516.23 2 Fed. income tax withheld | | | | |
| 1 Wages, tips, other comp | ٠. | 2 Fed. in | COITIE | e 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 | | | | |
| E788-B440-C87B-2C | Аб | | | | | |
| 11 Nongualified plans | | 12a | | | | |
| Trivoriquamica piano | | 12b | + | | | |
| 13 Statutory Retirement Third-part sick pay | ty | 12c | + | | | |
| employée plan sick pay | | | + | | | |
| | | 12d | | | | |
| Employee's SSN 791-53-7856 | | 14 | | | | |
| Employer ID number (EIN) 20-1672302 | | | | | | |
| 15 St. Employer's state ID number | 16 | State wages, tip | os, etc. | 17 State income tax | | |
| 18 Local wages, tips, etc. | 19 | Local income tax | | 20 Locality name | | |
| | | | | | | |

| Copy 2 To Be Filed With | | | 1 | 2017 | | |
|---|--------------------------------------|----------------------------|------------------------------|----------------|--|--|
| Employee's State, City, or | cal | OMB I | No. 1545-0008 of Treasury | | | |
| Income Tax Return. | | Internal Rev | enue Service | | | |
| Control 03102 CHIC | 3_ | 0004 | L | | | |
| Employer's name, address, and ZIP code AMENSYS INC 860 HEBRON PAR LEWISVILLE TX | KV | WAY, S 5057 | UITE | 604 | | |
| Employee's name, address, and ZIP code GOPALAKRISHNA CHINNAM 3635 GARDEN BROOK DR., APT : FARMERS BRANCH TX 75234 | | | | | | |
| 4,352.0 1 Wages, tips, other comp. | 516.23 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 E788-B440-C87B-2CA6 | | 10 Dependent care benefits | | | | |
| 11 Nonqualified plans | | 12a | | | | |
| | | 12b | | | | |
| 13 Statutory Palan Third-party sick pay | | 12c | | | | |
| | | 12d | | | | |
| Employee's SSN 791-53-7856 | | 14 | | | | |
| Employer ID number (EIN) 20-1672302 | | | | | | |
| 15 St. Employer's state ID number | 16 | State wages, tips | , etc. 17 Sta | ate income tax | | |
| 18 Local wages, tips, etc. | 19 | Local income tax | 20 с | cality name | | |

Wage and Tax Statement

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 EIC for 2017 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 2017 or if income is earned for services provided while you were an inmate at a penal institution. For 2017 income limits and more information, visit www.irs.gov/etc. 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 employement 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 1-800-772-1213. You also may visit the SSA at www.SSA.gov. Cost of employer-sponsored health coverage (if such cost is provided by employer). The reporting in box 12, using code DD, of th

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

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

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 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 & 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 soc. sec. 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. 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 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 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 &/or 5 if it is prior year deferral under nonqualified or section 457(b) plan that became taxable for social security & Medicare taxes this year or will be age 62 by end of calendar year, your employer should file Form SSA-131, Employer Report of Special Wa

(Instructions for Employee continued on back of Copy C.)

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Instructions for Employee (continued)

Instructions for Employee (continued)

However, if you were at least age 50 in 2017, 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 "Wages, Salaries, Tips, etc." line 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 "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 under a SIMPLE retirement account that is part of a section 401(k) carangement.

401(k) arrangement.

E--Elective deferrals under a section 408(k)(6) salary reduction agreement

F--Elective deferrals under a section 408(k)(6) salary reduction SEP

G--Elective deferrals and employer contributions (including nonelective deferrals)

G--Elective deterrals and employer contributions (including nonelective deterrals) to a section 457(b) deferred compensation plan
H--Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See "Adjusted Gross Income" in the Form 1040 instructions for how to deduct.
J--Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)
K--20% excise tax on excess golden parachute payments. See "Other Taxes" in the Form 1040 instructions.

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 "Other Taxes" in Form 1040 inst.

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)

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

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)

(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 is also included in box 1. It is subject to an additional 20% tax plus interest. See "Other Taxes" 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 DD—Cost of employer-sponsored health coverage. The amount reported with

DD—Cost of employer-sponsored health coverage. The amount reported with Code DD is not taxable.

EE—Designated Roth contribs. under a governmental section 457(b) plan. This amt.

does not apply to contributions under a tax–exempt organization section 457(b) plan. FF-–Permitted benefits under a qualified small employer health reimbursement

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

(Also see Notice to Employee on back of Copy B.)

(Also see Notice to Employee on back of Copy B.)