2018 W-2 and EARNINGS SUMMARY

This Summary is included with your W-2 to help describe portions in more detail. The reverse side includes information that will also be helpful. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, Other Compensation | Social Security Wages | Medicare Wages |
|------------|------------------------------------|--------------------------|-------------------|
| | Box 1 of W-2 | Box 3 of W-2 | Box 5 of W-2 |
| GROSS PAY | 108,216.72 | 108,216.72 | 108,216.72 |
| EmpRecogn | 200.00 | 200.00 | 200.00 |
| Exp | -967.45 | -967.45 | -967.45 |
| NPAAdjust | -6.03 | -6.03 | -6.03 |
| Rewimp | 260.00 | 260.00 | 260.00 |
| FETAdvance | -17.26 | -17.26 | -17.26 |
| TaxFirmPd | 17.26 | 17.26 | 17.26 |
| Dental | -312.00 | -312.00 | -312.00 |
| Vision | -22.00 | -22.00 | -22.00 |
| HSAEECont | -520.00 | -520.00 | -520.00 |
| Other | -7,872.98 | -2,160.00 | -2,160.00 |
| W-2 WAGES | 98,976.26 | 104,689.24 | 104,689.24 |

NY REQUIRES NY WAGES IN BOX 16 TO BE THE SAME AMOUNT AS FED WAGES IN BOX 1.

SUDIPTA DAS 6568 MAPLEWOOD RD # APT-103 MAYFIELD HEIGHTS, OH 44124-1962 Social Security Number: 766-62-9189 Taxable Marital Status:

Married Exemptions/Allowances:

Federal: 0 \$313.00 additional tax

Federal income tax withheld

4 Social security tax withheld 6490.73

Medicare tax withheld

19404.61

1517.99

4999.80

18 Local wages, tips, etc.

20 Locality name

State:

Local:

98976.26

Wages, tips, other comp

3 Social security wages 104689.24

Medicare wages and tips 104689.24

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PAGE 01 OF 03

| 3995.08 | | 20 Locality name | | | |
|--|---|----------------------------|-------------------|--------------------------|--|
| 19 Local income tax | 20 Locality name | | | | |
| | | | | | |
| Wages, tips, other o | 2 Federal income tax withheld 19404.61 | | | | |
| 3 Social security wag 10468 | es 39.24 | 4 Socia | l security | tax withheld 6490.73 | |
| 5 Medicare wages and 10468 | | 6 Medic | are tax w | rithheld 1517.99 | |
| d Control number 2616979268 WGK | Dept. US0000 | Corp. | Emplo | oyer use only 22186 | |
| PWC ADVISOR PO BOX 3000 TAMPA, FL | RY SER | VICES | | | |
| Employer's FED ID I | number | a Emplo | yee's SS 766-6 | A number 52-9189 | |
| 7 Social security tips | 7 | 8 Alloca | | JZ-3103 | |
| 9 | | 10 Dependent care benefits | | | |
| 11 Nonqualified plans | | D I | nstructio | ns for box 12 5712.98 | |
| 14 Other | | ^{12b} W | | 1453.28 | |
| | | 12c DD | | 11864.00 | |
| | | 12d | | | |
| | | 13 Stat em | p. Ret. plan | 3rd party sick pay | |
| e/f Employee's name, a SUDIPTA DAS 6568 MAPLEW MAYFIELD HEI | OOD R | D # AF | PT-103 | 962 | |
| 15 State Employer's st | tate ID no. | 16 State | wages, ti | ps, etc. | |
| 17 State income tax 399 | 95.08 | 18 Local | wages, ti | ips, etc. | |
| 19 Local income tax | · | 20 Locali | ty name | | |
| Federal | | | | | |

Employee

Control number

SUDIPTA DAS

Employer's FED ID number 46-4958214

ages, tips, other comp

Social security wages

Social security tips

11 Nonqualified plans

17 State income tax

14 Other

Medicare wages and tips

TOTAL STATE

2616979268 WGK

Reference

Corp.

Wage and Tax Statement

US0000

Employer's name, address, and ZIP code PWC ADVISORY SERVICES LLC

PO BOX 30004 TAMPA, FL 33630-3004

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

98976.26

104689.24

104<u>689.24</u>

6568 MAPLEWOOD RD # APT-103 MAYFIELD HEIGHTS, OH 44124-1962

Copy

a Employee's SSA number 766-62-9189

6 Medicare tax withheld

10 Dependent care benefits

13 Stat emp Ret. plan 3rd party sick par

18 Local wages, tips, etc.

8 Allocated tips

12b W

12c DD

15 State Employer's state ID no. 16 State wages, tips, etc.

3995.08

Federal income tax withheld

19404.61 Social security tax withheld

6490.73

1517.99

Employer use only

22186

| 1 | Wages, tips, other 98 | comp. 976.26 | 2 Federal income tax withheld 19404.61 | | | |
|--|--|------------------------|---|-------------------------|--|--|
| 3 | Social security wages 104689.24 Medicare wages and tips 104689.24 | | 4 Social security tax withheld 6490.73 6 Medicare tax withheld 1517.99 | | | |
| 5 | | | | | | |
| d 26 | Control number 16979268 WGK | Dept. US0000 | Corp. | Employer use only 22186 | | |
| Employer's name, address, and ZIP code PWC ADVISORY SERVICES LLC PO BOX 30004 TAMPA, FL 33630-3004 | | | | | | |
| | | | | | | |

| b | Employer's FED ID number 46-4958214 | a Employee's SSA number 766-62-9189 | | | | |
|-----|--|--|------------------|-----------|--------------------|--|
| 7 | Social security tips | 8 A | 8 Allocated tips | | | |
| 9 | | 10 D | epen | dent car | e benefits | |
| 11 | Nonqualified plans | 12a | DΙ | | 5712.98 | |
| 14 | Other | 12b | W | | 1453.28 | |
| | | 12c | DD | | 11864.00 | |
| | | 12d | ī | | | |
| | | 13 St | at emp | Ret. plan | 3rd party sick pay | |
| e/f | Employee's name, address a | nd ZIF | code |) | | |
| | | | | | | |

SUDIPTA DAS 6568 MAPLEWOOD RD # APT-103 MAYFIELD HEIGHTS, OH 44124-1962

| | State IJ | Employ 464-9 | er's state 58-214/00 | e ID no. 00 | 16 State | wages, tips, etc. 4999 | .80 |
|-------------|-------------|-----------------|-------------------------|----------------|----------|---------------------------|-----|
| 17 \$ | State | income | tax 170. | 47 | 18 Local | wages, tips, etc. | |
| 19 I | _ocal | income | tax | | 20 Local | ity name | |
| | | NJ. | State | Refe | rence | Copy | |

Wage and Tax Statement

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

| d Control number 2616979268 WGK | Dept. S0000 | Corp. | Employer use only 22186 | |
|---|-----------------------|------------------|---------------------------------|--|
| c Employer's name, add PWC ADVISORY PO BOX 30004 TAMPA, FL 330 | SERVI | CES L | | |
| b Employer's FED ID no 46-4958214 | ımber a | Employ | /ee's SSA number 766-62-9189 | |
| 7 Social security tips | 8 | 8 Allocated tips | | |
| 9 | 10 |) Depend | dent care benefits | |
| 11 Nonqualified plans | | 2a D | 5712.98 | |
| 14 Other | 12 | ^{2b} W | 1453.28 | |
| | 1: | 2c DD | 11864.00 | |
| | 12 | 2d | | |
| | | | D. Ret. plan 3rd party sick pa | |
| e/f Employee's name, ad SUDIPTA DAS | | | | |
| 6568 MAPLEWO MAYFIELD HEIG | | | | |

NJ. State Filing Copy Wage and

170.47

NJ

17 State income tax

19 Local income tax

Statement

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

15 State Employer's state ID no. 16 State wages, tips, etc

2018 W-2 and EARNINGS SUMMARY

This Summary is included with your W-2 to help describe portions in more detail. The reverse side includes information that will also be helpful. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

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|------------|------------------------------------|--------------------------|-------------------|
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| EmpRecogn | 200.00 | 200.00 | 200.00 |
| Exp | -967.45 | -967.45 | -967.45 |
| NPAAdjust | -6.03 | -6.03 | -6.03 |
| Rewimp | 260.00 | 260.00 | 260.00 |
| FETAdvance | -17.26 | -17.26 | -17.26 |
| TaxFirmPd | 17.26 | 17.26 | 17.26 |
| Dental | -312.00 | -312.00 | -312.00 |
| Vision | -22.00 | -22.00 | -22.00 |
| HSAEECont | -520.00 | -520.00 | -520.00 |
| Other | -7,872.98 | -2,160.00 | -2,160.00 |
| W-2 WAGES | 98,976.26 | 104,689.24 | 104,689.24 |
| | | | |

NY REQUIRES NY WAGES IN BOX 16 TO BE THE SAME AMOUNT AS FED WAGES IN BOX 1.

SUDIPTA DAS 6568 MAPLEWOOD RD # APT-103 MAYFIELD HEIGHTS, OH 44124-1962 Social Security Number: 766-62-9189 Taxable Marital Status:

Married Exemptions/Allowances:

Federal: 0 \$313.00 additional tax

Federal income tax withheld

4 Social security tax withheld 6490.73

19404.61

State:

Local:

98976.26

Wages, tips, other comp

Social security wages 104689.24

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Wages, tips, other comp.

Social security wages 104689.24

Medicare wages and tips 104689.24

d Control number

2616979268 WGK

17 State income tax

19 Local income tax 738.67

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

OH. State Reference

Wage and Tax

Statement

98976.26

US0000

PAGE 02 OF 03

22187

Federal income tax withheld

Social security tax withheld 6490.73

Medicare tax withheld 1517.99

19404.61

Employer use only

| | | 1161 1 1 | • | 12a Coo in | structions for | or box 12 5712.98 |
|----------------------------|--|--|--|---|--|--|
| 11 | Nonqu | ıalified plan | 5 | D | | 5712.98 |
| 11 | Other | | | 12b W | | 1453.28 |
| | Other | | | 12c DD | | 11864.00 |
| | | | | 12d 13 Stat er | np Ret. plar | 3rd party sick pa |
| 15 | | | s state ID no | . 16 State | - | |
| | NY | 46495821 | 4 3 | | | 98976.26 |
| | | | 877.48 | | wages, ti | ps, etc. |
| 19 | Local | income tax | | 20 Local | ity name | |
| | | | | | | |
| 1 | Wage | s, tips, othe 98 | 976.26 | 2 Fedei | | tax withheld 19404.61 |
| 3 | Social | security w | ages 689.24 | 4 Socia | l security | tax withheld 6490.73 |
| 5 | Medic | are wages a | and tips 689.24 | 6 Medio | are tax w | ithheld 1517.99 |
| | | ol number 68 WGK | Dept. US0000 | Corp. | Emplo | yer use only 22187 |
| | | | | | | |
| _ | Emplo | wor's EED I | Daumhar | a Empl | ovee's \$5 | A number |
| . | Emplo | yer's FED I 46-4958 | D number 214 | a Empl | oyee's SS 766-6 | A number 22-9189 |
| | | yer's FED I 46-4958 security tip | 214 | | oyee's SS 766-6 ated tips | A number 52-9189 |
| 7 | | 46-4958 | 214 | 8 Alloca | 766-6 ated tips ndent car | e benefits |
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| 7 | Social | 46-4958 security tip | 214 os | 8 Alloca 10 Depe 12a See | 766-6 ated tips ndent car | e benefits |
| 7 | Social | 46-4958 security tip | 214 os | 8 Alloca 10 Depe 12a See D 12b W | 766-6 ated tips ndent car- | 62-9189 e benefits ns for box 12 5712.98 |
| 11 | Social | 46-4958 security tip | 214 os | 8 Alloca 10 Depe 12a See D | 766-6 ated tips ndent car- | e benefits ns for box 12 5712.98 1453.28 |
| 7 | Social | 46-4958 security tip | 214 os | 8 Alloca 10 Depe 12a See D 12b W 12c DD 12d | 766-6 ated tips ndent cardinstructio | e benefits ns for box 12 5712.98 1453.28 |
| 7 9 11 14 | Nonqu Other | 46-4958; security tip | 214 os | 8 Alloca 10 Depe 12a See | 766-6 ated tips ndent carr instructio | e benefits ns for box 12 5712.98 1453.28 11864.00 |
| 7 9 11 14 | Nonqu Other Emplo | 46-4958; security tip | s s s, address ar | 8 Alloca 10 Depe 12a See D 12b W 12c DD 12d 13 Stat em 1d ZIP Cool | 766-6 ated tips Indent carrinstructio | e benefits ns for box 12 5712.98 1453.28 11864.00 |
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| 7 7 111 14 e/f | Nonqu Other Emplo SUDI 6568 MAY State NY State | security tip alified plan yyee's name PTA DA MAPLE' FIELD H | s, address ar S WOOD R EIGHTS, | 8 Alloc: 10 Depe 12a See D 12b W 12c DD 12d 13 Stat em d ZIP cod D # Al OH 4 | 766-6 ated tips Indent car Instructio | e benefits ns for box 12 5712.98 1453.28 11864.00 3rd party sick pay |
| 9 11 14 e/f | Nonqu Other Emplo SUDI 6568 MAY State NY State | yee's name PTA DA MAPLE' FIELD H Employer's 46495821 income tax 1 income tax | s, address ar S WOOD R EIGHTS, | 8 Alloc: 10 Depe 12a See D 12b W 12c DD 12d 13 Statem 16 State 18 Local 20 Local | 766-6 ated tips Indent carrinstruction Instruction Ins | e benefits ns for box 12 5712.98 1453.28 11864.00 3rd party sick pay |
| 7 9 11 14 e/f | Nonqu Other Emplo SUDI 6568 MAY State NY State | equipment of the second of the | e, address ar S WOOD R EIGHTS, s state ID no 43 | 8 Alloc: 10 Depe 12a See D 12b W 12c DD 12d 13 Stat em 16 State 18 Local 20 Local g Co | rote to the state of the state | e benefits ns for box 12 5712.98 1453.28 11864.00 3rd party sick pay |
| 7 7 111 14 e/f | Nonqu Other Emplo SUDI 6568 MAY State NY State | equipment of the second of the | s, address ar S WOOD R EIGHTS, s state ID no 4 3 877.48 | 8 Alloc: 10 Depe 12a See D 12b W 12c DD 12d 13 Statem 16 State 18 Local 20 Local g Cond Ta: | 766-6 ated tips Indent car instructio | e benefits ns for box 12 5712.98 1453.28 11864.00 3rd party sick pay |

NY. State Reference

US0000

Employer's name, address, and ZIP code PWC ADVISORY SERVICES LLC

PO BOX 30004 TAMPA, FL 33630-3004

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

98976.26

104689.24

104689.24

6568 MAPLEWOOD RD # APT-103 MAYFIELD HEIGHTS, OH 44124-1962

Control number

SUDIPTA DAS

Employer's FED ID number 46-4958214

ages, tips, other comp

Social security wages

Social security tips

Medicare wages and tips

2616979268 WGK

Wage and Tax Statement

Corp.

Copy

a Employee's SSA number 766-62-9189

6 Medicare tax withheld

10 Dependent care benefits

8 Allocated tips

Federal income tax withheld

19404.61 Social security tax withheld

6490.73

1517.99

Employer use only

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| С | Employer's name, address, and ZIP code | | | | | |
|-----|--|--------------|---------|-----------|--------------------|--|
| | PWC ADVISORY SERVICES LLC | | | | | |
| | PO BOX 30004 | | | | | |
| | TAMPA, FL 33630-3 | 5004 | | | | |
| | | | | | | |
| | | | | | | |
| b | Employer's FED ID number | аЕ | mnlov | ee's SS | A number | |
| | 46-4958214 | a - | шрю | 766-6 | 62-9189 | |
| 7 | Social security tips | 8 A | llocat | ed tips | | |
| 9 | 10 Dependent care benefits | | | | | |
| 11 | Nonqualified plans | 12a | | | | |
| L. | | 126 | D | | 5712.98 | |
| 14 | Other | 12b | | | 1453.28 | |
| | | 1 | DD | | 11864.00 | |
| | | 12d | | | | |
| | | 13 St | at emp. | Ret. plan | 3rd party sick pay | |
| e/f | Employee's name, address a | nd ZI | P code | | | |
| | SUDIPTA DAS | | | | | |
| | 6568 MAPLEWOOD RD # APT-103 | | | | | |
| | MAYFIELD HEIGHTS, OH 44124-1962 | | | | | |
| | | | | | | |
| 15 | State Employer's state ID no | 116 9 | tato w | anos ti | ns etc | |
| 13 | OH 54-028539 2 | | naic w | ages, u | 59019.82 | |

8 Local wages, tips, etc

Copy

20 Locality name

29556.01

8

| 5 Medicare wages and 10468 | d tips 19.24 | 6 Medicare tax withheld 1517.99 | | | |
|--|-----------------|------------------------------------|---------------------------------|--|--|
| d Control number | Dept. | Corp. | Employer use only | | |
| 2616979268 WGK | US0000 | | 22187 | | |
| c Employer's name, a | ddress, a | nd ZIP cod | le | | |
| PWC ADVISOR PO BOX 30004 TAMPA, FL 3 | | | LLC | | |
| Employer's FED ID 46-495821 | | a Emplo | yee's SSA number 766-62-9189 | | |
| 7 Social security tips | | 8 Alloca | ted tips | | |
| 9 | | 10 Depen | dent care benefits | | |
| 11 Nongualified plans | <u> </u> | 12a | | | |
| | | D I | 5712.98 | | |
| 14 Other | | ^{12b} W | 1453.28 | | |
| | | 12c DD | 11864.00 | | |
| | | 12d | | | |
| | | 13 Stat em | p. Ret. plan 3rd party sick pa | | |
| e/f Employee's name, a | ddress ar | nd ZIP cod | e | | |
| SUDIPTA DAS 6568 MAPLEWO | OOD RI |) # AP | Т-103 | | |

MAYFIELD HEIGHTS. OH 44124-1962

1947.13

738.67 OH. State Filing

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

Wage and

Statement

17 State income tax

19 Local income tax

15 State Employer's state ID no. 16 State wages, tips, etc. 54-028539 2 59019.82

18 Local wages, tips, etc

20 Locality name CLEVELAND

Copy

29556.01

City or Local Reference Copy Wage and Tax Statement Control number Corp. Employer use only 2616979268 WGK US0000 22188 Employer's name, address, and ZIP code PWC ADVISORY SERVICES LLC PO BOX 30004 TAMPA, FL 33630-3004 e/f Employee's name, address, and ZIP code SUDIPTA DAS 6568 MAPLEWOOD RD # APT-103 MAYFIELD HEIGHTS, OH 44124-1962 Employer's FED ID number 46-4958214 a Employee's SSA number 766-62-9189 Wages, tips, other comp Federal income tax withheld 98976.26 19404.61 Social security wages Social security tax withheld 104689.24 6490.73 Medicare wages and tips 6 Medicare tax withheld 104<u>689.24</u> 1517.99 Social security tips 8 Allocated tips

10 Dependent care benefits

12a See instructions for box 12

D | 5712.98

13 Stat emp. Ret. plan 3rd party sick pay

18 Local wages, tips, etc

CLEVELAND

20 Locality name

1453.28 11864.00

59019.82

29556.01

12b W

12c DD

| 1 | 1 Wages, tips, other comp. 98976.26 | | | 2 Federal income tax withheld 19404.61 | | |
|---------|-------------------------------------|------------------------|----------|---|--|--|
| 3 | Social security wag 10468 | | 4 Social | security tax withheld 6490.73 | | |
| 5 | Medicare wages and 10468 | d tips 39.24 | 6 Medic | are tax withheld 1517.99 | | |
| d 26 | Control number 16979268 WGK | Dept. US0000 | Corp. | Employer use only 22188 | | |

15 State Employer's state ID no. 16 State wages, tips, etc.

1947.13

738.67

c Employer's name, address, and ZIP code PWC ADVISORY SERVICES LLC PO BOX 30004 TAMPA, FL 33630-3004

11 Nonqualified plans

OH 54-028539 2

17 State income tax

19 Local income tax

14 Other

| b | Employer's FED ID number 46-4958214 | a E | Emplo | yee's SSA number 766-62-9189 | | |
|----|--|------------------|---------|-----------------------------------|--|--|
| 7 | Social security tips | 8 Allocated tips | | | | |
| 9 | | 10 E | Depen | dent care benefits | | |
| 11 | Nonqualified plans | 12a | See ir | nstructions for box 12 5712.98 | | |
| 14 | Other | 12b | W | 1453.28 | | |
| | | 12c | DD | 11864.00 | | |
| | | 12d | | | | |
| | | 13 S | tat emp | Ret. plan 3rd party sick pay | | |

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

SUDIPTA DAS 6568 MAPLEWOOD RD # APT-103 MAYFIELD HEIGHTS, OH 44124-1962

| 15 State Employer's state ID no. 54-028539 2 | | | | | 00010.02 | | | |
|--|----------|----------|----------------|-----|----------------|-----------------|-------------------|------|
| 17 State | income t | | 47.13 | 18 | Local | wages, tip 2 | s, etc. 9556.0 | 1 |
| 19 Local | income | tax 7 | 38.67 | 20 | Localit CLE | y name VELAN | D | |
| | City | or | Local | Fil | ing | Сору | | |
| W -2 | 2 | ٧ | Vage Stater | | Tax | Zl |)18 | 0000 |

Copy 2 to be filed with employee's City or Local Income Tax Retu

2018 W-2 and EARNINGS SUMMARY

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|------------|--|--|-----------------------------------|
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| Exp | -967.45 | -967.45 | -967.45 |
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| Rewimp | 260.00 | 260.00 | 260.00 |
| FETAdvance | -17.26 | -17.26 | -17.26 |
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| Vision | -22.00 | -22.00 | -22.00 |
| HSAEECont | -520.00 | -520.00 | -520.00 |
| Other | -7,872.98 | -2,160.00 | -2,160.00 |
| W-2 WAGES | 98,976.26 | 104,689.24 | 104,689.24 |
| | | | |

NY REQUIRES NY WAGES IN BOX 16 TO BE THE SAME AMOUNT AS FED WAGES IN BOX 1.

SUDIPTA DAS 6568 MAPLEWOOD RD # APT-103 MAYFIELD HEIGHTS, OH 44124-1962 Social Security Number: 766-62-9189
Taxable Marital Status:

Married

Exemptions/Allowances:

Federal: 0 \$313.00 additional tax

State: Local:

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PAGE 03 OF 03

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.

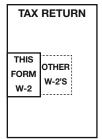
Department of the Treasury - Internal Revenue Service

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.