2018 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Copy C for employee's records

Dent d Control number Employer use only 206979 CL12/S6S OH1 3551 Employer's name, address, and ZIP code

IBM INDIA PRIVATE LIMITED 3039 CORNWALLIS RD **RESEARCH TRIANGLE PK NC 27709-21**

Batch #02655

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

RAPTI RAY THELUBRIZOLCORPORATION 29400LAKELANDBOULEVARD WICKLIFFE OH 44092

b Employer's FED ID number Employee's SSA number 52-2061430 342-25-5628 Wages, tips, other comp 2 Federal income tax withheld 42408.60 3760.65 Social security wages 4 Social security tax withheld 42408.60 2629.33 Medicare wages and tips 6 Medicare tax withheld 42408.60 614.92 Social security tips 8 Allocated tips Verification Code 10 Dependent care benefits bd14-b120-58c3-444a 12a See instructions for box 12 11 Nonqualified plans 6.75 14 Other 120 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. OH 52-6032248 42408.60 17 State income tax 18 Local wages, tips, etc. 1295.82 6528.94 20 Locality name WICKLIFF 19 Local income tax

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 42401.85 Social Security OH. State Income Tax 2629.33 1295.82 Tax Withheld Box 17 of W-2 Box 4 of W-2 SUI/SDI/FLI Box 14 of W-2 Fed. Income Tax Withheld 3760.65 **Medicare Tax** 614.92 Withheld Box 2 of W-2 Box 6 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 Wages Box 5 of W-2	OH. State Wages, Tips, Etc. Box 16 of W-2
Gross Paý	42,401.85	42,401.85	42,401.85	42,401.85
Plus GTL (C-Box 12)	6.75	6.75	6.75	6.75
Reported W-2 Wages	42,408.60	42,408.60	42,408.60	42,408.60

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

RAPTI RAY **THELUBRIZOLCORPORATION** 29400LAKELANDBOULEVARD WICKLIFFE OH 44092

Social Security Number: 342-25-5628 Taxable Marital Status: MARRIED

Exemptions/Allowances:

FEDERAL: 1 STATE:

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1 W	Wages, tips, other comp. 42408.60			al income	tax withheld 3760 . 65
3 S	ocial security wage 4240	8 08.60	4 Social	security	tax withheld 2629.33
5 м	edicare wages and 4240	tips 08.60	6 Medic	are tax w	ithheld 614.92
d C	ontrol number	Dept.	Corp. Employer use only		
2069	79 CL12/S6S	OH1		Т	3551
c E	mployer's name, a	ddress. a	nd ZIP cod	de	

IBM INDIA PRIVATE

130.58

LIMITED 3039 CORNWALLIS RD

RESEARCH TRIANGLE PK NC 27709-21

b Employer's FED ID number 52-2061430	a Employee's SSA number 342-25-5628			
7 Social security tips	8 Allocated tips			
9 Verification Code bd14-b120-58c3-444a	10 Dependent care benefits			
11 Nonqualified plans	12a See instructions for box 12 C 6,75			
14 Other	12b			
	120			
	12d			
	13 Stat emp Ret. plan 3rd party sick pay			
e/f Employee's name, address a	and ZIP code			
RAPTI RAY				

THELUBRIZOLCORPORATION 29400LAKELANDBOULEVARD WICKLIFFE OH 44092

15 State OH	Employer's state ID no. 52-6032248	16 State wages, tips, etc. 42408.60
17 State	income tax 1295.82	18 Local wages, tips, etc. 6528.94
19 Loca	l income tax 130.58	20 Locality name WICKLIFF
	Federal Fi	ing Copy

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

1 Wages, tips, other comp. 42408 . 60		2 Federal income tax withheld 3760.65		
3 Social security wage 4240		4 Social security tax		tax withheld 2629.33
5 Medicare wages and 4240	tips 8.60	6 Medica	are tax wi	thheld 614.92
d Control number	Dept.	Corp.	Emplo	yer use only
206979 CL12/S6S	OH1		T	3551
Employer's name, ad IBM INDIA PR LIMITED 3039 CORNWA RESEARCH TO	IVATE ALLIS R	lD.		21

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b	Employer's FED ID number 52-2061430	a Employee's SSA number 342-25-5628			
7	Social security tips	8 Allocated tips			
9	Verification Code	10 Depend	dent care benefits		
11	Nonqualified plans	12a C	6.75		
14	Other	12b			
		12c			
		12d			
		13 Stat emp.	Ret. plan 3rd party sick pay		

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

RAPTI RAY THELUBRIZOLCORPORATION 29400LAKELANDBOULEVARD WICKLIFFE OH 44092

1	15 State Employer's state ID по. ОН 52-6032248	16 State wages, tips, etc. 42408 . 60
	17 State income tax 1295.82	18 Local wages, tips, etc. 6528.94
5	19 Local income tax 130.58	20 Locality name WICKLIFF
1	OH State Re	ference Conv

Wage and Tax 4 Statement Copy 2 to be filed with employee's State Income Tax Return

1	Wages, tips, other comp. 42408 . 60			Federal income tax withheld 3760.65		
3	Social security wage	8.60	4	4 Social security tax withheld 2629.3		
5	Medicare wages and 4240	l tips 18.60	6 Medicare tax withheld 614.92			
d	Control number	Dept.	Carp. Employer use or			
20	6979 CL12/S6S	OH1	T 3551			
_	Englavenia			710	_	

IBM INDIA PRIVATE 3039 CORNWALLIS RD

RESEARCH TRIANGLE PK NC 27709-21

b	Employer's FED ID number 52-2061430	a Employee's SSA number 342-25-5628			
7	Social security tips	8 Allocated tips			
9	Verification Code	10 Dependent c	are benefits		
11	Nonqualified plans	12a C	6.75		
14	Other	12b			
		12c			
		12d			
		13 Stat emp. Ret.	plan 3rd party sick par		

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

RAPTI RAY THELUBRIZOLCORPORATION 29400LAKELANDBOULEVARD WICKLIFFE OH 44092

15 State Employer's state ID no OH 52-6032248	16 State wages, tips, etc. 42408.60
17 State income tax	18 Local wages, tips, etc.
1295.82	6528,94
14	

20 Locality name WICKLIFF 130.58 OH.State Filing Copy Wage and Tax

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

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

d Control number

Dept. Corp. Employer use Employer use only 206979 CL12/S6S ÓH1 Т 3552

Employer's name, address, and ZIP code **IBM INDIA PRIVATE** LIMITED

3039 CORNWALLIS RD **RESEARCH TRIANGLE PK NC 27709-21**

Batch #02655

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

RAPTI RAY **THELUBRIZOLCORPORATION** 29400LAKELANDBOULEVARD

VI		LIFFE C		2			
b	Empl	oyer's FED I 52-2061		a E			A number -5628
1	Wag	s, tips, othe	r comp.	2 Fe	dera	lincome	tax withheld
		42	408.60				3760.65
3	Socia	al security wa	ages	4 Sc	ocial	security	tax withheld
		42	408.60				2629,33
5	Medi	care wages a	ind tips	6 M	edica	re tax w	ithheld
		42	408.60				614.92
7	Socia	l security tip	s	8 Al	locat	ed tips	
9	Verifi	cation Code		10 De	pend	lent care	benefits
11	Nonq	ualified plan:	3	12a Se	e inst	ructions fo	or box 12 1 , 35
4.4	Other			12b	-		1.00
17	Oulei			12c	- 1		
]	12d			
				13 Sta	t emp	Ret plan	3rd party sick pay
15	State	Employer's	state ID no	16 Sta	ate w	ages, tip	s, etc.
17	State	income tax		18 Lo	cal w	ages, tip	os, etc. 6528.94
19	Local	income tax	130,58	20 Lo		name WICKL	

1	Wages, tips, other of 424	2 Federa	al income	tax withheld 3760.65	
3	Social security wag	es 08.60	4 Social	security	tax withheld 2629 , 33
5	Medicare wages and 424	tips 08.60	6 Medic	are tax w	ithheid 614.92
đ	Control number	Dept.	Corp. Employer use only		
20	06979 CL12/S6S	OH1		T	3552
c	Employer's name, a	ddrase a	nd 7IP cor		

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LIMITED 3039 CORNWALLIS RD

RESEARCH TRIANGLE PK NC 27709-21

b	Employer's FED ID number 52-2061430	a Employee's SSA number 342-25-5628
7	Social security tips	8 Allocated tips
9	Verification Code	10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12 C 1.35
14	Other	12b
		12c
		12d
		13 Stat emp Ret. plan 3rd party sick pay
e/f	Employee's name, address a	nd ZIP code

RAPTI RAY **THELUBRIZOLCORPORATION** 29400LAKELANDBOULEVARD WICKLIFFE OH 44092

MIGICENTE OU 44002				
15	State	Employer's state ID no.	16 State wages, tips, etc.	
17	7 State income tax		18 Local wages, tips, etc. 6528.94	
19	Local	income tax 130.58	20 Locality name WICKLIFF	
		City or Local	Filing Copy	

Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income Tax Return 2018 W-2 and EARNINGS SUMMARY

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.

Social Security Tax Withheld Local Income Tax Box 19 of W-2 **Gross Pay** 6527.59 2629.33 Box 4 of W-2 SUI/SDI/FLI Box 14 of W-2 Fed. Income Medicare Tax 3760.65 614.92 Tax Withheld Withheld Box 2 of W-2 Box 6 of W-2

WICKLIFF

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

Local Wages, Tips, Etc. Box 18 of W-2 **Gross Pay** 6,527.59 Plus GTL (C-Box 12) 1.35 Reported W-2 Wages 6.528.94

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

RAPTI RAY THELUBRIZOLCORPORATION 29400LAKELANDBOULEVARD WICKLIFFE OH 44092

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Social Security Number: 342-25-5628 Taxable Marital Status: MARRIED

Exemptions/Allowances:

FEDERAL: 1 LOCAL:

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