JNIT TECHNOLOGIES INC 1900 ENCHANTED WAY SUITE 200 GRAPEVINE TX 76051

The chart below indicates your 2016 voluntary payroll adjustments which are included (+), excluded (-), or did not affect (N/A) your federal wages (Box 1) and state wages.

VOLUNTARY ADJUSTMENTS
CASH ADVAN

YTD AMOUNT 500.00

FEDERAL WAGES
N/A

FEDERAL WITHHOLDING EXEMPTIONS TX WITHHOLDING EXEMPTIONS

--S

REGULAR WAGES FOR 2016

SHASHIDHAR REDDY NEELAM 5312 CARNABY ST APT 341 IRVING TX 75038

Copy C, for employees records

PAYROLLS BY PAYCHEX.

## Form W-2 Wage and Tax Statement 2016

| d Contr                  | - 0                                 | 2066112                             | Void                    | c Employer's n<br>JNIT TECH | Void c Employer's name, address, and ZIP code JNIT TECHNOLOGIES INC |                            | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | ernal Revenue Service          |
|--------------------------|-------------------------------------|-------------------------------------|-------------------------|-----------------------------|---|----------------------------|---|--------------------------------|
| b Employ                 | b Employer's identification number  | a Employee's social security number | carity number           | 1900 ENCH                   | 1900 ENCHANTED WAY SHITTE 200                                       | etomoli                    | Call 100: 1345 0000   |                                |
| 7                        | 27-3331256                          | 078-89-8165                         | 91                      | GRAPEVINE                   | GRAPEVINE TX 76051  |                            | Wages, tips, other compensation 2 Federal income tax withheld           | 2 Federal income tax withheld  |
| 13 Statutory<br>employee | Hetirer<br>plan                     | nent Thi<br>Sici                    | Third-party<br>sick pay | <b>y</b> tic town           |   | KY.                        | 3 Social security wages   | 4 Social security tax withheld |
| -                        |                                     | _                                   |                         |                             |   |                            |   | •                              |
| 12 See                   | 2 See Instrs. for Box 12 14         | Other                               |                         | e Employee's n              | e Employee's name, address, and ZIP code                            |                            | 5 Medicare wages and tips   | 6 Medicare tax withheld        |
| ile <b>i</b> tigas       | *Constant                           |                                     |                         | SHASHIDHA                   | SHASHIDHAR REDDY NEELAM   |                            |   |                                |
|                          | La Propinsi                         |                                     |                         | 5312 CARN                   | 5312 CARNABY ST APT 341   |                            | 7 Social security tips  | 8 Allocated tips               |
|                          |                                     |                                     |                         | IRVING TX 75038             | 75038   | .J.                        |   |                                |
|                          |                                     |                                     |                         |                             |   | <b>∀-</b> -                | 10 Dependent care benefits  | 11 Nonqualified plans          |
| Since)                   |                                     |                                     |                         |                             |   |                            | Verification Code   |                                |
|                          |                                     |                                     |                         |                             |   |                            | DF81-2ADA-7BDA-EDF5   | E5                             |
| 15 State                 | Employer's state l                  | D No.                               | 6 State wag             | 16 State wages, tips, etc.  | 17 State income tax   | 18 Local wages, tips, etc. | c. 19 Local income tax  | 20 Locality name               |
|                          |                                     |                                     |                         |                             |   |                            |   |                                |
|                          |                                     |                                     |                         |                             |   |                            |   |                                |
| This inform              | This information is being to mind a | Apr. 1-4-1-10                       |                         | :                           |   |                            |   |                                |

## Form W-2 Wage and Tax Statement 2016

Copy B, to be filed with employees FEDERAL tax return

| d Contro                   | d Control number   | 1000               | Void Ic Employer                    | Void                                    | Fmolover's      | Void Ic Employer's name address and 710 code   | The New York Control of the Property of the Pr |   |                                 |
|----------------------------|--|--------------------|-------------------------------------|---|-----------------|--|--|---|---------------------------------|
|                            | 7 8  | 12066112<br>01351- |                                     | 3                                       | INIT TRUE       | INIT TECHNOLOGIES INC                          |  | Department of the Treasury - Internal Revenue Service OMB No. 1545,0008 | rnal Revenue Service            |
| b Employ                   | b Employer's identification number   | a Employ           | a Employee's social security number | r                                       | 1900 ENCH       | 1900 ENCHANTED WAY SITTER 200                  |  | 2000  |                                 |
| 2                          | 31256  |                    | 078-89-8165                         | in a property of                        | GRAPEVINE       | GRAPEVINE TX 76051                             |  | Wages, tips, other compensation 2 Federal income tax withheld           | 2 Federal income tax withheld   |
| 13 Statutory<br>employee   | utory Retirement<br>Novee Dan  | ment               | Third-party<br>sick nav             | Γ                                       |                 |  |  | 9786.90   | 1229.59                         |
|                            | : ľ  |                    | fed was                             |   |                 |  |  | cofirm frames   | א סטכומו ספכעווון ופע אווווופות |
| 12 566                     | 12 See Instrs. for Box 12   14   | 4 Other            |                                     | <u></u>                                 | e Employee's i  | e Employee's name, address, and ZIP code       |  | 5 Medicare wages and tips   | 6 Medicare tax withheld         |
| ÷que                       |  |                    |                                     | -                                       | SHASHIDHA       | SHASHIDHAR REDDY NEFT.AM                       |  |   |                                 |
|                            | P. Backgran  |                    |                                     |   | 5312 CARN       | 5312 CARNABY ST APT 341                        |  | 7 Social security tips  | 8 Allocated tips                |
| <del>territo</del> aparent |  |                    |                                     | *************************************** | 15VING 1A /3038 | /3038  | I <del>C</del>   | 10 Dependent care benefits  | 11 Nonqualified plans           |
|                            | -  |                    |                                     | -                                       |                 |  | J  | Verification Code   |                                 |
| 40.04                      |  |                    |                                     |   |                 |  |  | DF81-2ADA-7BDA-EDF5   | <b>B</b> 5                      |
| algic ci                   | Employer's state   | IU NO.             | 16 Sta                              | ie wage                                 | s, tips, etc.   | 16 State wages, tips, etc. 17 State income tax | 18 Local wages, tips, etc.   | tc. 19 Local income tax   | 20 Locality name                |
|                            |  |                    | ·                                   |   | ·               |  |  | enter interest  |                                 |
|                            | The Conference of the Conferen |                    |                                     |   |                 |  |  | )   |                                 |

may be imposed on you if this income is taxable and you fail to report it.

## Form W-2 Wage and Tax Statement 2016

| Employee's social security num it librid-party sick pay Uther 16 State   | d Control number     | number                  |                    | Void                    | c Employer's n                         | Void  c Employer's name, address, and ZIP code |                          | Department of the Treasury - Internal Revenue Service | emal Revenue Service           |
|--|----------------------|-------------------------|--------------------|-------------------------|--|--|--------------------------|---|--------------------------------|
| Stick pay sitck pay a Stick pay a Social security wages.  Other e Employee's name, address, and ZIP code 5 Medicare wages and tips 7 Social security tips 7 Social security tips 10 Dependent care benefits 10 Dependent care care care care care care care care | b Employer's         | s identification number | a Employee's socia | al security number      |  |  |                          | UMB No. 1545-0008                                     |                                |
| Social security wages  Other e Employee's name, address, and ZIP code 5 Medicare wages and tips  7 Social security wages  7 Social security tips  7 Social security wages and tips   |                      |                         |                    |                         |  |  | <u> </u>                 | Wages, tips, other compensation                       | 2 Federal income tax withheld  |
| 1ther e Employee's name, address, and ZIP code 5 Medicare wages and tips 7 Social security tips 10 Dependent care benefits Verification Code. 17 State income tax 18 Local wages, tips, etc. 17 State income tax   | 13 Statuto<br>employ |                         |                    | Third-party<br>sick nav | -                                      |  |                          | Social cocurity wages                                 | / Const                        |
| Other e Employee's name, address, and ZIP code 5 Medicare wages and tips  7 Social security tips  10 Dependent care benefits  Verification Code.  10 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax  |                      |                         | <del></del>        | î                       |  |  |                          | codal security wayes                                  | 4 Social Security tax Withheld |
| 7 Social security tips 10 Dependent care benefits Verification Code Verification Code 16 State Wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax  | 12 See in            | strs. for Box 12   14   |                    |                         | e Employee's n                         | ame, address, and ZIP code                     |                          | Medicare wages and tips                               | 6 Medicare tax withheld        |
| 7 Social security tips 10 Dependent care benefits Verification Code.  10 State Wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax  |                      |                         |                    |                         |  |  | !                        |   |                                |
| 10 Dependent care benefits Verification Code  Verification Code  16 State Wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax   |                      | i prince mana           |                    |                         |  |  | 7                        | Social security tips                                  | 8 Allocated tips               |
| Verrification Code.  16 State wages, tips, etc.   17 State income tax   18 Local wages, tips, etc.   19 Local income tax   |                      | <del></del>             |                    |                         |  |  | <u> </u>                 |   | 11 Nonqualified plans          |
| Vo. 16 State wages, tips. etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax  |                      | رفس                     |                    |                         | ×××××××××××××××××××××××××××××××××××××× |  |                          |   |                                |
| to. 16 State wages, tips. etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax  |                      |                         |                    |                         |  |  |                          | eritication Code                                      |                                |
| 19 Local income tax  | 15 State,            | Employer's state 1D     | _                  | 16 State wan            |  |  |                          |   |                                |
|  |                      |                         |                    |                         |  |  | l o Local Wages, tips, e |   | 20 Locality name               |
|  |                      |                         |                    |                         | <del>la se la c</del> ensa             |  |                          | <del>- colorina</del>                                 |                                |
|  |                      |                         |                    |                         |  |  |                          |   | a ferrence                     |

## Form W-2 Wage and Tax Statement 2016

| d Cont   | d Control primber                 |                                     |              |                             |   |                            |   | Adoption to the state of the st |          |
|----------|-----------------------------------|-------------------------------------|--------------|-----------------------------|---|----------------------------|---|--|----------|
|          |                                   |                                     | - N          | c employers n               | Void c Employer's name, address, and ZIP code X |                            | Department of the Treasury - Internal Revenue Service         | mal Revenue Service  | -        |
| D Emple  | Simployer's identification number | a Employee's social security number | arity number | o proposition of the second |   |                            | UMB No. 1545-0008   |  |          |
|          |                                   |                                     |              | - Canada                    |   |                            | Wages, tips, other compensation 2 Federal income tax withheld | 2 Federal income tax withheld  | -        |
| 55<br>53 | E                                 | Ħ                                   | Third-party  |                             |   |                            |   |  | 200      |
| 5        | thioyee                           | žis<br>-                            | ig.          |                             |   |                            | 3 Social security wages                                       | 4 Social security tax withheld   |          |
| 112 Set  | 12 See Instrs. for Box 12   14    | Other                               |              | e Employoo's n              | the call and a trib                             |                            |   |  |          |
| ****     |                                   | <b>3</b>                            |              | c comproyees n              | c Limpioyee's Haine, audiess, and 21P code      | <u></u>                    | 5 Wedicare wages and tips                                     | 6 Medicare tax withheld  | ~        |
| -        | <del>other</del>                  |                                     |              |                             |   | l                          |   |  | 2000     |
|          |                                   |                                     |              | Wh <u>a</u> nneys           |   |                            | 7 Social security tips  | 8 Allocated tips   |          |
| <b>S</b> |                                   |                                     |              | -                           |   | J                          |   |  |          |
| -        |                                   |                                     |              |                             |   |                            | lo Dependent care benefits                                    | 11 Nonqualified plans  | -        |
| z Cort   | Aug.                              |                                     |              |                             |   | ŀ                          |   |  | -        |
|          |                                   |                                     |              | on Tiegen                   |   | ž                          | Verification code   |  | sis side |
| 15 State | Employer's state ID               | Mo                                  | Ctoto un     | The sails of                |   |                            |   |  |          |
|          |                                   |                                     | o oldic wa   | ges, ups, etc.              | o State Wages, ups, etc.                        | 18 Local wages, tips, etc. | 19 Local income tax   | 20 Locality name   | -        |
|          | -                                 | -                                   |              |                             |   |                            |   |  | -        |