

Form **W-2 Wage and Tax Statement** 2017

c Employer's name, address, and ZIP code STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BLVD., SUITE 100 TALLAHASSEE FL 32308		7 Social security tips		1 Wages, tips, other compensation 3339.00		2 Federal income tax withheld 257.22					
		8 Allocated tips		3 Social security wages 3339.00		4 Social security tax withheld 207.02					
		9 Verification code		5 Medicare wages and tips 3339.00		6 Medicare tax withheld 48.42					
		10 Dependent care benefits		11 Nonqualified plans		12a See instructions for box 12					
e Employee's name, address, and ZIP code SUYOG SHELAR 501 BLAIRSTONE ROAD APT 1422 TALLAHASSEE FL 32301		13 <table><tr><td>Statutory employee</td><td>Retirement plan</td><td>Third-party sick pay</td></tr></table>		Statutory employee	Retirement plan	Third-party sick pay	14 Other		12b		
		Statutory employee	Retirement plan	Third-party sick pay							
		b Employer identification number (EIN) 59-6001872		12c							
		a Employee's social security number 726-71-8587		12d							
15 State 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	

Copy B-To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.
OMB No. 1545-0008Dept. of the Treasury - IRS
Visit the IRS website at www.irs.gov/efile.

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.

Form **W-2 Wage and Tax Statement** 2017

c Employer's name, address, and ZIP code STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BLVD., SUITE 100 TALLAHASSEE FL 32308		7 Social security tips		1 Wages, tips, other compensation 3339.00		2 Federal income tax withheld 257.22					
		8 Allocated tips		3 Social security wages 3339.00		4 Social security tax withheld 207.02					
		9 Verification code		5 Medicare wages and tips 3339.00		6 Medicare tax withheld 48.42					
		10 Dependent care benefits		11 Nonqualified plans		12a See instructions for box 12					
e Employee's name, address, and ZIP code SUYOG SHELAR 501 BLAIRSTONE ROAD APT 1422 TALLAHASSEE FL 32301		13 <table><tr><td>Statutory employee</td><td>Retirement plan</td><td>Third-party sick pay</td></tr></table>		Statutory employee	Retirement plan	Third-party sick pay	14 Other		12b		
		Statutory employee	Retirement plan	Third-party sick pay							
		b Employer identification number (EIN) 59-6001872		12c							
		a Employee's social security number 726-71-8587		12d							
15 State 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	

Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

OMB No. 1545-0008

Dept. of the Treasury - IRS
Visit the IRS website at www.irs.gov/efile.Form **W-2 Wage and Tax Statement** 2017

c Employer's name, address, and ZIP code STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BLVD., SUITE 100 TALLAHASSEE FL 32308		7 Social security tips		1 Wages, tips, other compensation 3339.00		2 Federal income tax withheld 257.22					
		8 Allocated tips		3 Social security wages 3339.00		4 Social security tax withheld 207.02					
		9 Verification code		5 Medicare wages and tips 3339.00		6 Medicare tax withheld 48.42					
		10 Dependent care benefits		11 Nonqualified plans		12a					
e Employee's name, address, and ZIP code SUYOG SHELAR 501 BLAIRSTONE ROAD APT 1422 TALLAHASSEE FL 32301		13 <table><tr><td>Statutory employee</td><td>Retirement plan</td><td>Third-party sick pay</td></tr></table>		Statutory employee	Retirement plan	Third-party sick pay	14 Other		12b		
		Statutory employee	Retirement plan	Third-party sick pay							
		b Employer identification number (EIN) 59-6001872		12c							
		a Employee's social security number 726-71-8587		12d							
15 State 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	

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** 2017

c Employer's name, address, and ZIP code STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BLVD., SUITE 100 TALLAHASSEE FL 32308		7 Social security tips		1 Wages, tips, other compensation 3339.00		2 Federal income tax withheld 257.22					
		8 Allocated tips		3 Social security wages 3339.00		4 Social security tax withheld 207.02					
		9 Verification code		5 Medicare wages and tips 3339.00		6 Medicare tax withheld 48.42					
		10 Dependent care benefits		11 Nonqualified plans		12a					
e Employee's name, address, and ZIP code SUYOG SHELAR 501 BLAIRSTONE ROAD APT 1422 TALLAHASSEE FL 32301		13 <table><tr><td>Statutory employee</td><td>Retirement plan</td><td>Third-party sick pay</td></tr></table>		Statutory employee	Retirement plan	Third-party sick pay	14 Other		12b		
		Statutory employee	Retirement plan	Third-party sick pay							
		b Employer identification number (EIN) 59-6001872		12c							
		a Employee's social security number 726-71-8587		12d							
15 State 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	

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008

Dept. of the Treasury - IRS