

OMB No. 1545-0008

d Control Number	1 Wages, tips, other compensation 270881.88	2 Federal income tax withheld 53575.37
b Employer identification number (EIN) 94-3320693	3 Social security wages 168600.00	4 Social security tax withheld 10453.20
a Employee's social security number 875-90-7491	5 Medicare wages and tips 287078.04	6 Medicare tax withheld 4946.33

c Employer's name, address and ZIP code

SALESFORCE, INC.
SALESFORCE TOWER
415 MISSION STREET, 3RD FLOOR
SAN FRANCISCO CA 94105

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits 2400.00	11 Nonqualified plans	12a See instructions for box 12 Code C 573.00
12b Code D 23000.00	12c Code W 8160.00	12d Code DD 23853.12
13 Statutory employee X	14 Other ESPPGAINS RS	6803.84 30819.85

e Employee's name, address and ZIP code

PRASENJIT BANERJEE
1704 FROST LANE
NAPERVILLE IL 60564

2024
Form W-2

15 State Employer's state I.D. no. IL 94-3320693	16 State wages, tips, etc. 270881.88
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Wage and Tax Statement

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

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.

Department of the Treasury – Internal Revenue Service

17 State income tax
13071.87

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

OMB No. 1545-0008

d Control Number	1 Wages, tips, other compensation 270881.88	2 Federal income tax withheld 53575.37
b Employer identification number (EIN) 94-3320693	3 Social security wages 168600.00	4 Social security tax withheld 10453.20
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SALESFORCE TOWER
415 MISSION STREET, 3RD FLOOR
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7 Social security tips	8 Allocated tips	9
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13 Statutory employee X	14 Other ESPPGAINS RS	6803.84 30819.85

e Employee's name, address and ZIP code

PRASENJIT BANERJEE
1704 FROST LANE
NAPERVILLE IL 60564

2024
Form W-2

15 State Employer's state I.D. no. IL 94-3320693	16 State wages, tips, etc. 270881.88
---	---

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

17 State income tax
13071.87

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Department of the Treasury – Internal Revenue Service

OMB No. 1545-0008

d Control Number	1 Wages, tips, other compensation 270881.88	2 Federal income tax withheld 53575.37
b Employer identification number (EIN) 94-3320693	3 Social security wages 168600.00	4 Social security tax withheld 10453.20
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c Employer's name, address and ZIP code

SALESFORCE, INC.
SALESFORCE TOWER
415 MISSION STREET, 3RD FLOOR
SAN FRANCISCO CA 94105

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits 2400.00	11 Nonqualified plans	12a See instructions for box 12 Code C 573.00
12b Code D 23000.00	12c Code W 8160.00	12d Code DD 23853.12
13 Statutory employee X	14 Other ESPPGAINS RS	6803.84 30819.85

e Employee's name, address and ZIP code

PRASENJIT BANERJEE
1704 FROST LANE
NAPERVILLE IL 60564

2024
Form W-2

15 State Employer's state I.D. no. IL 94-3320693	16 State wages, tips, etc. 270881.88
---	---

Wage and Tax Statement

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

This information is being furnished to the Internal Revenue Service.

Department of the Treasury – Internal Revenue Service

17 State income tax
13071.87

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

OMB No. 1545-0008

d Control Number	1 Wages, tips, other compensation 270881.88	2 Federal income tax withheld 53575.37
b Employer identification number (EIN) 94-3320693	3 Social security wages 168600.00	4 Social security tax withheld 10453.20
a Employee's social security number 875-90-7491	5 Medicare wages and tips 287078.04	6 Medicare tax withheld 4946.33

c Employer's name, address and ZIP code

SALESFORCE, INC.
SALESFORCE TOWER
415 MISSION STREET, 3RD FLOOR
SAN FRANCISCO CA 94105

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits 2400.00	11 Nonqualified plans	12a Code C 573.00
12b Code D 23000.00	12c Code W 8160.00	12d Code DD 23853.12
13 Statutory employee X	14 Other ESPPGAINS RS	6803.84 30819.85

e Employee's name, address and ZIP code

PRASENJIT BANERJEE
1704 FROST LANE
NAPERVILLE IL 60564

2024
Form W-2

15 State Employer's state I.D. no. IL 94-3320693	16 State wages, tips, etc. 270881.88
---	---

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

17 State income tax
13071.87

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Department of the Treasury – Internal Revenue Service

2024 W-2 and EARNINGS SUMMARY



Employee	Reference	Copy
Wage and Tax	Statement	2024
OMB No. 1545-0008		
Copy C for employee's records.		
d Control number 231644	Dept. LOS2/XAW	Corp. A
Employer's name, address, and ZIP code INFOSYS LIMITED 2400 N GLENVILLE DR C150 RICHARDSON TX 75082		
Batch #03444		
e/f Employee's name, address, and ZIP code SESHAMRAJU ATLURU 15606 SONGBIRD ST FRISCO TX 75035-2025		
b Employer's FED ID number 58-1760235	a Employee's SSA number XXX-XX-8430	
1 Wages, tips, other comp. 49861.07	2 Federal income tax withheld 5813.80	
3 Social security wages 49861.07	4 Social security tax withheld 3091.39	
5 Medicare wages and tips 49861.07	6 Medicare tax withheld 722.99	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 C 19.55	
14 Other	12b DD 2332.96	
	12c	
	12d	
	13 Stat emp Ret. plan 3rd party sick pay	
15 State TX	16 State wages, tips, etc.	
17 State income tax	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. 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	TX. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	50 ,574 .24	50 ,574 .24	50 ,574 .24	50 ,574 .24
Plus GTL (C-Box 12)	19 .55	19 .55	19 .55	19 .55
Less Other Cafe 125	732 .72	732 .72	732 .72	732 .72
Reported W-2 Wages	49,861.07	49,861.07	49,861.07	49,861.07

2. Employee Name and Address.

SESHAMRAJU ATLURU
15606 SONGBIRD ST
FRISCO TX 75035-2025

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1 Wages, tips, other comp. 49861.07	2 Federal income tax withheld 5813.80	
3 Social security wages 49861.07	4 Social security tax withheld 3091.39	
5 Medicare wages and tips 49861.07	6 Medicare tax withheld 722.99	
d Control number 231644	Dept. LOS2/XAW	
a Employee's name, address, and ZIP code INFOSYS LIMITED 2400 N GLENVILLE DR C150 RICHARDSON TX 75082		
b Employer's FED ID number 58-1760235	a Employee's SSA number XXX-XX-8430	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 C 19.55	
14 Other	12b DD 2332.96	
	12c	
	12d	
	13 Stat emp Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code SESHAMRAJU ATLURU 15606 SONGBIRD ST FRISCO TX 75035-2025		
15 State TX	16 State wages, tips, etc.	
17 State income tax	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	
Federal	Filing	Copy
W-2	Wage and Tax Statement	2024
OMB No. 1545-0008		

1 Wages, tips, other comp. 49861.07	2 Federal income tax withheld 5813.80	
3 Social security wages 49861.07	4 Social security tax withheld 3091.39	
5 Medicare wages and tips 49861.07	6 Medicare tax withheld 722.99	
d Control number 231644	Dept. LOS2/XAW	
c Employer's name, address, and ZIP code INFOSYS LIMITED 2400 N GLENVILLE DR C150 RICHARDSON TX 75082		
b Employer's FED ID number 58-1760235	a Employee's SSA number XXX-XX-8430	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a C 19.55	
14 Other	12b DD 2332.96	
	12c	
	12d	
	13 Stat emp Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code SESHAMRAJU ATLURU 15606 SONGBIRD ST FRISCO TX 75035-2025		
15 State TX	16 State wages, tips, etc.	
17 State income tax	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	
TX.State	Reference	Copy
W-2	Wage and Tax Statement	2024
OMB No. 1545-0008		

1 Wages, tips, other comp. 49861.07	2 Federal income tax withheld 5813.80	
3 Social security wages 49861.07	4 Social security tax withheld 3091.39	
5 Medicare wages and tips 49861.07	6 Medicare tax withheld 722.99	
d Control number 231644	Dept. LOS2/XAW	
c Employer's name, address, and ZIP code INFOSYS LIMITED 2400 N GLENVILLE DR C150 RICHARDSON TX 75082		
b Employer's FED ID number 58-1760235	a Employee's SSA number XXX-XX-8430	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a C 19.55	
14 Other	12b DD 2332.96	
	12c	
	12d	
	13 Stat emp Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code SESHAMRAJU ATLURU 15606 SONGBIRD ST FRISCO TX 75035-2025		
15 State TX	16 State wages, tips, etc.	
17 State income tax	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	
TX.State	Filing	Copy
W-2	Wage and Tax Statement	2024
OMB No. 1545-0008		

Copy B - For Employee's Federal Income Tax Return

2021

OMB No.
1545-0008

a Employee's social security number 773-23-6029	1 Wages, tips, other comp. 61356.69	2 Federal income tax withheld 7124.77	
b Employer ID number 46-3675059	3 Social security wages 61356.69	4 Social security tax withheld 3804.10	
	5 Medicare wages and tips 61356.69	6 Medicare tax withheld 889.69	
c Employer's name, address, and ZIP code MedBridge Inc. 1633 Westlake N Ave Ste 200 Seattle, WA 98109			
d Control number 114979 90078			
e Employee's name, address, and ZIP code Sarita Pamulaparthi 1373 Channing Park Cir, Cary, NC 27519			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans		
12a	13 Statutory employee	Retirement plan	3rd-party sick pay
12b	14 Other		
12c			
12d			
N/A	N/A	N/A	
15 State Employer's State ID# N/A	16 State wages, tips, etc. N/A	17 State income tax N/A	
18 Local wages, tips, etc. N/A	19 Local income tax N/A	20 Locality name N/A	

Form W-2 Wage and Tax Statement

This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

Copy 2 - For Employee's State Income Tax Return

2021

[NC] OMB No.
1545-0008

a Employee's social security number 773-23-6029	1 Wages, tips, other comp. 61356.69	2 Federal income tax withheld 7124.77	
b Employer ID number 46-3675059	3 Social security wages 61356.69	4 Social security tax withheld 3804.10	
	5 Medicare wages and tips 61356.69	6 Medicare tax withheld 889.69	
c Employer's name, address, and ZIP code MedBridge Inc. 1633 Westlake N Ave Ste 200 Seattle, WA 98109			
d Control number 114979 90078			
e Employee's name, address, and ZIP code Sarita Pamulaparthi 1373 Channing Park Cir, Cary, NC 27519			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans		
12a	13 Statutory employee	Retirement plan	3rd-party sick pay
12b	14 Other		
12c			
12d			
NC	601219092	61356.69	6275.00
15 State Employer's State ID# N/A	16 State wages, tips, etc. N/A	17 State income tax N/A	
18 Local wages, tips, etc. N/A	19 Local income tax N/A	20 Locality name N/A	

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Copy B-To Be Filed With Employee's FEDERAL Tax Return		W-2 Wage and Tax Statement		2024	OMB No. 1545-0008
a. Employee's soc. sec. no. XXX-XX-8335	1. Wages, tips, other comp 2909.13	2. Fed. income tax withheld 327.72			
b. Employer ID number (EIN) 27-0705851	3. Social security wages 2081.13	4. Soc. sec. tax withheld 180.37			
d. Control number 4692-7591	5. Medicare wages and tips 2909.13	6. Medicare tax withheld 42.18			
c. Employer's name, address, and ZIP code Kama Restaurants LLC 2301 W Wabansia Ave 3 Chicago, IL 60647					
e. Employee's name, address, and ZIP code Tamalika Sengupta 1704 Frost Lane Naperville, IL 60564					
7. Social security tips 828.00	8. Allocated tips	9.			
10. Dependent care benefits	11. Nonqualified plans	12a. Code			
13. Statutory employee	14. Other	12b. Code			
		12c. Code			
		12d. Code			
15. State IL	Employer's state ID no. 27-0705851	16. State wages, tips, etc. 2909.13	17. State income tax 143.99		
18. Local wages, tips, etc..	19. Local income tax	20. Locality name			

Department of the Treasury — Internal Revenue Service
This information is being furnished to the Internal Revenue Service.

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return		W-2 Wage and Tax Statement		2024	OMB No. 1545-0008
a. Employee's soc. sec. no. XXX-XX-8335	1. Wages, tips, other comp 2909.13	2. Fed. income tax withheld 327.72			
b. Employer ID number (EIN) 27-0705851	3. Social security wages 2081.13	4. Soc. sec. tax withheld 180.37			
d. Control number 4692-7591	5. Medicare wages and tips 2909.13	6. Medicare tax withheld 42.18			
c. Employer's name, address, and ZIP code Kama Restaurants LLC 2301 W Wabansia Ave 3 Chicago, IL 60647					
e. Employee's name, address, and ZIP code Tamalika Sengupta 1704 Frost Lane Naperville, IL 60564					
7. Social security tips 828.00	8. Allocated tips	9.			
10. Dependent care benefits	11. Nonqualified plans	12a. Code			
13. Statutory employee	14. Other	12b. Code			
	Retirement plan	12c. Code			
	Third-party sick pay	12d. Code			
15. State IL	Employer's state ID no. 27-0705851	16. State wages, tips, etc. 2909.13	17. State income tax 143.99		
18. Local wages, tips, etc..	19. Local income tax	20. Locality name			

Department of the Treasury — Internal Revenue Service

Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee)		W-2 Wage and Tax Statement		2024	OMB No. 1545-0008
a. Employee's soc. sec. no. XXX-XX-8335	1. Wages, tips, other comp 2909.13	2. Fed. income tax withheld 327.72			
b. Employer ID number (EIN) 27-0705851	3. Social security wages 2081.13	4. Soc. sec. tax withheld 180.37			
d. Control number 4692-7591	5. Medicare wages and tips 2909.13	6. Medicare tax withheld 42.18			
c. Employer's name, address, and ZIP code Kama Restaurants LLC 2301 W Wabansia Ave 3 Chicago, IL 60647					
e. Employee's name, address, and ZIP code Tamalika Sengupta 1704 Frost Lane Naperville, IL 60564					
7. Social security tips 828.00	8. Allocated tips	9.			
10. Dependent care benefits	11. Nonqualified plans	12a. Code			
13. Statutory employee	14. Other	12b. Code			
	Retirement plan	12c. Code			
	Third-party sick pay	12d. Code			
15. State IL	Employer's state ID no. 27-0705851	16. State wages, tips, etc. 2909.13	17. State income tax 143.99		
18. Local wages, tips, etc..	19. Local income tax	20. Locality name			

Department of the Treasury — Internal Revenue Service
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.

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return		W-2 Wage and Tax Statement		2024	OMB No. 1545-0008
a. Employee's soc. sec. no. XXX-XX-8335	1. Wages, tips, other comp 2909.13	2. Fed. income tax withheld 327.72			
b. Employer ID number (EIN) 27-0705851	3. Social security wages 2081.13	4. Soc. sec. tax withheld 180.37			
d. Control number 4692-7591	5. Medicare wages and tips 2909.13	6. Medicare tax withheld 42.18			
c. Employer's name, address, and ZIP code Kama Restaurants LLC 2301 W Wabansia Ave 3 Chicago, IL 60647					
e. Employee's name, address, and ZIP code Tamalika Sengupta 1704 Frost Lane Naperville, IL 60564					
7. Social security tips 828.00	8. Allocated tips	9.			
10. Dependent care benefits	11. Nonqualified plans	12a. Code			
13. Statutory employee	14. Other	12b. Code			
	Retirement plan	12c. Code			
	Third-party sick pay	12d. Code			
15. State IL	Employer's state ID no. 27-0705851	16. State wages, tips, etc. 2909.13	17. State income tax 143.99		
18. Local wages, tips, etc..	19. Local income tax	20. Locality name			

Department of the Treasury — Internal Revenue Service

1 Wages, tips, other compensation 3 Social security wages 5 Medicare wages and tips a Employee's social security number b Employer identification number (EIN) 47-0049123 c Employer's name, address, and ZIP code	2 Federal Income tax withheld 4 Social security tax withheld 6 Medicare tax withheld Employer use only d Control number 00191237
--	---

University of Nebraska-Board of Regents
3835 Holdrege St
Lincoln NE 68503-1435

7 Social security tips 9 11 Nonqualified plans 13 Statutory Employee Retirement plan Third-Party Sick pay 14 Other	8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 12b 12c 12d
--	--

e Employee's first name and initial Last name Suff.
Tejaswini Boinpally
804 S 198 St
Omaha NE 68022

f Employee's address and ZIP code 15 State NE 8905401 16 State wages, tips, etc. 36.00 17 State income tax	18 Local wages, tips, etc 19 Local income tax 20 Locality name
--	--

Form W-2 OMB. No. 1545-0008 Wage and Tax Statement 2023
Dept. of the Treasury - Internal Revenue Service. This information is being furnished to the IRS. 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.
Copy C for Employee's records

1 Wages, tips, other compensation 3 Social security wages 5 Medicare wages and tips a Employee's social security number b Employer identification number (EIN) 47-0049123 c Employer's name, address, and ZIP code	2 Federal Income tax withheld 4 Social security tax withheld 6 Medicare tax withheld Employer use only d Control number 00191237
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University of Nebraska-Board of Regents
3835 Holdrege St
Lincoln NE 68503-1435

7 Social security tips 9 11 Nonqualified plans 13 Statutory Employee Retirement plan Third-Party Sick pay 14 Other	8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 12b 12c 12d
--	--

e Employee's first name and initial Last name Suff.
Tejaswini Boinpally
804 S 198 St
Omaha NE 68022

f Employee's address and ZIP code 15 State NE 8905401 16 State wages, tips, etc. 36.00 17 State income tax	18 Local wages, tips, etc 19 Local income tax 20 Locality name
--	--

Form W-2 OMB. No. 1545-0008 Wage and Tax Statement 2023
Dept. of the Treasury - Internal Revenue Service
Copy 2 To Be Filed With Employee's STATE Income Tax Return

1 Wages, tips, other compensation 3 Social security wages 5 Medicare wages and tips a Employee's social security number b Employer identification number (EIN) 47-0049123 c Employer's name, address, and ZIP code	2 Federal Income tax withheld 4 Social security tax withheld 6 Medicare tax withheld Employer use only d Control number 00191237
--	---

University of Nebraska-Board of Regents
3835 Holdrege St
Lincoln NE 68503-1435

7 Social security tips 9 11 Nonqualified plans 13 Statutory Employee Retirement plan Third-Party Sick pay 14 Other	8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 12b 12c 12d
--	--

1 Wages, tips, other compensation 3 Social security wages 5 Medicare wages and tips a Employee's social security number b Employer identification number (EIN) 47-0049123 c Employer's name, address, and ZIP code	2 Federal Income tax withheld 4 Social security tax withheld 6 Medicare tax withheld Employer use only d Control number 00191237
--	---

University of Nebraska-Board of Regents
3835 Holdrege St
Lincoln NE 68503-1435

e Employee's first name and initial Last name Suff. Tejaswini Boinpally 804 S 198 St Omaha NE 68022	
--	--

f Employee's address and ZIP code 15 State NE 8905401 16 State wages, tips, etc. 36.00 17 State income tax	18 Local wages, tips, etc 19 Local income tax 20 Locality name
--	--

7 Social security tips 9 11 Nonqualified plans 13 Statutory Employee Retirement plan Third-Party Sick pay 14 Other	8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 12b 12c 12d
--	--

e Employee's first name and initial Last name Suff. Tejaswini Boinpally 804 S 198 St Omaha NE 68022	
--	--

Form W-2 OMB. No. 1545-0008 Wage and Tax Statement 2023
Dept. of the Treasury - Internal Revenue Service
Copy B To Be Filed With Employee's FEDERAL Tax Return

Form W-2 OMB. No. 1545-0008 Wage and Tax Statement 2023
Dept. of the Treasury - Internal Revenue Service
Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return

Copy B—To Be Filed With Employee's FEDERAL Tax Return.			OMB No. 1545-0008
a Employee's soc. sec. no. 488-19-5976	1 Wages, tips, other comp.	2 Federal income tax withheld	
	3 Social security wages	4 Social security tax withheld	
b Employer ID number (EIN) 36-4481037	5 Medicare wages and tips	6 Medicare tax withheld	
	c Employer's name, address, and ZIP code US: Mastercard Technologies, LLC 2200 MasterCard Blvd. O'Fallon, MO 63368		
d Control number			
e Employee's name, address, and ZIP code Tejaswini Boinpally 1308 Winghaven Pointe Drive O'Fallon, MO 63368			
7 Social security tips		8 Allocated tips	9
10 Dependent care benefits		11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee Retirement plan X Third-party sick pay	12b Code		
	12c Code		
	12d Code		
NE	21009496920	14583.09	122.84
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

Form W-2 Wage and Tax Statement 2024 Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008
a Employee's soc. sec. no. 488-19-5976	1 Wages, tips, other comp.	2 Federal income tax withheld	
	3 Social security wages	4 Social security tax withheld	
b Employer ID number (EIN) 36-4481037	5 Medicare wages and tips	6 Medicare tax withheld	
	c Employer's name, address, and ZIP code US: Mastercard Technologies, LLC 2200 MasterCard Blvd. O'Fallon, MO 63368		
d Control number			
e Employee's name, address, and ZIP code Tejaswini Boinpally 1308 Winghaven Pointe Drive O'Fallon, MO 63368			
7 Social security tips		8 Allocated tips	9
10 Dependent care benefits		11 Nonqualified plans	12a Code
13 Statutory employee Retirement plan X Third-party sick pay	12b Code		
	12c Code		
	12d Code		
NE	21009496920	14583.09	122.84
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

Form W-2 Wage and Tax Statement 2024 Dept. of the Treasury - IRS

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)			OMB No. 1545-0008
a Employee's soc. sec. no. 488-19-5976	1 Wages, tips, other comp.	2 Federal income tax withheld	
	3 Social security wages	4 Social security tax withheld	
b Employer ID number (EIN) 36-4481037	5 Medicare wages and tips	6 Medicare tax withheld	
	c Employer's name, address, and ZIP code US: Mastercard Technologies, LLC 2200 MasterCard Blvd. O'Fallon, MO 63368		
d Control number			
e Employee's name, address, and ZIP code Tejaswini Boinpally 1308 Winghaven Pointe Drive O'Fallon, MO 63368			
7 Social security tips		8 Allocated tips	9
10 Dependent care benefits		11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee Retirement plan X Third-party sick pay	12b Code		
	12c Code		
	12d Code		
NE	21009496920	14583.09	122.84
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

Form W-2 Wage and Tax Statement 2024 Dept. of the Treasury - IRS

This information is being furnished to the IRS. 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.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008
a Employee's soc. sec. no. 488-19-5976	1 Wages, tips, other comp.	2 Federal income tax withheld	
	3 Social security wages	4 Social security tax withheld	
b Employer ID number (EIN) 36-4481037	5 Medicare wages and tips	6 Medicare tax withheld	
	c Employer's name, address, and ZIP code US: Mastercard Technologies, LLC 2200 MasterCard Blvd. O'Fallon, MO 63368		
d Control number			
e Employee's name, address, and ZIP code Tejaswini Boinpally 1308 Winghaven Pointe Drive O'Fallon, MO 63368			
7 Social security tips		8 Allocated tips	9
10 Dependent care benefits		11 Nonqualified plans	12a Code
13 Statutory employee Retirement plan X Third-party sick pay	12b Code		
	12c Code		
	12d Code		
NE	21009496920	14583.09	122.84
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

Form W-2 Wage and Tax Statement 2024 Dept. of the Treasury - IRS

BW24UP NTF 2586385 4 BW24UP

2024

W2 & EARNINGS SUMMARY

0954
 SYSTECHCORP INC
 50 CRAGWOOD ROAD
 SUITE 216
 SOUTH PLAINFIELD, NJ 07080
 Control no. 0954-0570

SATISH K BOKKASAM
 Social Security #:217-97-1248

Federal	State
M	S
Exemptions	00
	03

WAGES

Description	Amount	Box
Soc Sec Wages	146485.76	3
Medicare Wages	146485.76	5
Federal Wages	146485.76	1
CA	62702.40	16
NJ	87583.31	16

WITHHOLDINGS

Description	Amount	Box
Soc Sec Tax	9082.12	4
Medicare Tax	2124.08	6
Fed Income Tax	22951.46	2
CA	4061.61	17
NJ	4444.17	17

BENEFITS

Description	Amount	Box
SEC125	6514.20	

Form W-2 Wage and Tax Statement 2024

OMB No. 1545-0008

Department of the Treasury - IRS

Control number	COPY B —To Be Filed With Employee's State, City, or Local Income Tax Return.		Employer ID no. (EIN)	1 Wages, tips, other comp.	2 Federal inc. tax withheld
0954-0570			83-2945717	146485.76	22951.46
Employer's name, address, and ZIP code			Employee's SSN	3 Social security wages	4 Social security tax withheld
SYSTECHCORP INC 50 CRAGWOOD ROAD SUITE 216 SOUTH PLAINFIELD, NJ 07080			217-97-1248	146485.76	9082.12
	7 Social security tips	5 Medicare wages and tips		6 Medicare tax withheld	
		146485.76		2124.08	
	8 Allocated tips	9		10 Dependent care benefits	
Employee's name, address, and ZIP code			11 Nonqualified plans	12a-12d	13 Statutory empl.
SATISH K BOKKASAM 3240 Maguire Way Unit 411 Dublin, CA 94568				Code See inst. for box 12	<input type="checkbox"/>
	14 Other	NJ FLI 78.86 NJ SWF 17.98 NJ UI 161.79			Retirement plan <input type="checkbox"/>
					Third-party sick pay <input type="checkbox"/>
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local inc. tax
CA	017-3357-5	62702.40	4061.61		20 Locality

This information is being furnished to the Internal Revenue Service.

Form W-2 Wage and Tax Statement 2024

OMB No. 1545-0008

Department of the Treasury - IRS

Control number	COPY 2 —To Be Filed With Employee's State, City, or Local Income Tax Return.		Employer ID no. (EIN)	1 Wages, tips, other comp.	2 Federal inc. tax withheld
0954-0570			83-2945717	146485.76	22951.46
Employer's name, address, and ZIP code			Employee's SSN	3 Social security wages	4 Social security tax withheld
SYSTECHCORP INC 50 CRAGWOOD ROAD SUITE 216 SOUTH PLAINFIELD, NJ 07080			217-97-1248	146485.76	9082.12
	7 Social security tips	5 Medicare wages and tips		6 Medicare tax withheld	
		146485.76		2124.08	
	8 Allocated tips	9		10 Dependent care benefits	
Employee's name, address, and ZIP code			11 Nonqualified plans	12a-12d	13 Statutory empl.
SATISH K BOKKASAM 3240 Maguire Way Unit 411 Dublin, CA 94568				Code	<input type="checkbox"/>
	14 Other	NJ FLI 78.86 NJ SWF 17.98 NJ UI 161.79			Retirement plan <input type="checkbox"/>
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15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local inc. tax
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Form W-2 Wage and Tax Statement 2024

OMB No. 1545-0008

Department of the Treasury - IRS

Control number	COPY 2 —To Be Filed With Employee's State, City, or Local Income Tax Return.		Employer ID no. (EIN)	1 Wages, tips, other comp.	2 Federal inc. tax withheld
0954-0570			83-2945717	146485.76	22951.46
Employer's name, address, and ZIP code			Employee's SSN	3 Social security wages	4 Social security tax withheld
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	7 Social security tips	5 Medicare wages and tips		6 Medicare tax withheld	
		146485.76		2124.08	
	8 Allocated tips	9		10 Dependent care benefits	
Employee's name, address, and ZIP code			11 Nonqualified plans	12a-12d	13 Statutory empl.
SATISH K BOKKASAM 3240 Maguire Way Unit 411 Dublin, CA 94568				Code	<input type="checkbox"/>
	14 Other	NJ FLI 78.86 NJ SWF 17.98 NJ UI 161.79			Retirement plan <input type="checkbox"/>
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NTF 2586401 4 PPW24DN

Form W-2 Wage and Tax Statement 2024

OMB No. 1545-0008

Department of the Treasury - IRS

Control number	COPY C —For EMPLOYEE'S RECORDS <i>(See Notice to Employee.)</i>		Employer ID no. (EIN)	1 Wages, tips, other comp.	2 Federal inc. tax withheld
0954-0570			83-2945717	146485.76	22951.46
Employer's name, address, and ZIP code			Employee's SSN	3 Social security wages	4 Social security tax withheld
SYSTECHCORP INC 50 CRAGWOOD ROAD SUITE 216 SOUTH PLAINFIELD, NJ 07080			217-97-1248	146485.76	9082.12
	7 Social security tips	5 Medicare wages and tips		6 Medicare tax withheld	
		146485.76		2124.08	
	8 Allocated tips	9		10 Dependent care benefits	
Employee's name, address, and ZIP code			11 Nonqualified plans	12a-12d	13 Statutory empl.
SATISH K BOKKASAM 3240 Maguire Way Unit 411 Dublin, CA 94568				Code See inst. for box 12	<input type="checkbox"/>
	14 Other	NJ FLI 78.86 NJ SWF 17.98 NJ UI 161.79			Retirement plan <input type="checkbox"/>
					Third-party sick pay <input type="checkbox"/>
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local inc. tax
CA	017-3357-5	62702.40	4061.61		20 Locality

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Copy B To Be Filed with Employee's FEDERAL Tax Return.

2022

OMB No. 1545-0008

a Employee's SSN 721-75-8918	1 Wages, tips, other comp. 100302.50	2 Federal income tax withheld 8571.83
b Employer ID no. (EIN) 47-1989410	3 Social security wages 100302.50	4 Social security tax withheld 6218.76
c Employer's name, address, and ZIP code NAVKAR TECHNOLOGIES INC OPENEYES TECHNOLOGIES INC 1629 K ST NW, SUITE #300 WASHINGTON	5 Medicare wages and tips 100302.50	6 Medicare tax withheld 1454.39
DC 20006		
d Control number		
e Employee's name, address, and ZIP code HARIKA PARIMALA 22352 HERON NECK TERRACE CLARKSBURG MD 20871 Suff.		
7 Social security tips 8 Allocated tips 9		
10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12		
13 Statutory employee Retirement Plan Third-party sick pay	14 Other 12b Code 12c Code 12d Code	12b Code 12c Code 12d Code
MD 16153107	100302.50	6750.65
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

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

Dept. of the Treasury - IRS

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

2022

OMB No. 1545-0008

a Employee's SSN 721-75-8918	1 Wages, tips, other comp. 100302.50	2 Federal income tax withheld 8571.83
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13 Statutory employee Retirement Plan Third-party sick pay	14 Other 12b Code 12c Code 12d Code	12b Code 12c Code 12d Code
MD 16153107	100302.50	6750.65
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

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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**Copy C For EMPLOYEE'S RECORDS.
(See Notice to Employees).**

2022

OMB No. 1545-0008

a Employee's SSN 721-75-8918	1 Wages, tips, other comp. 100302.50	2 Federal income tax withheld 8571.83
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DC 20006		
d Control number		
e Employee's name, address, and ZIP code HARIKA PARIMALA 22352 HERON NECK TERRACE CLARKSBURG MD 20871 Suff.		
7 Social security tips 8 Allocated tips 9		
10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12		
13 Statutory employee Retirement Plan Third-party sick pay	14 Other 12b Code 12c Code 12d Code	12b Code 12c Code 12d Code
MD 16153107	100302.50	6750.65
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

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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

2022

OMB No. 1545-0008

a Employee's SSN 721-75-8918	1 Wages, tips, other comp. 100302.50	2 Federal income tax withheld 8571.83
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DC 20006		
d Control number		
e Employee's name, address, and ZIP code HARIKA PARIMALA 22352 HERON NECK TERRACE CLARKSBURG MD 20871 Suff.		
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MD 16153107	100302.50	6750.65
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18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

REV 12/21/22 QBDT

a. Employee's Social Security Number *****2582	OMB No. 1545-0008					
b. Employer's Identification Number (EIN) 31-1575142	d. Control number		1 Wages, Tips, and other compensation 105191.92	2 Federal Income Tax withheld 10135.87		
c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR DHHS 1240 E 9TH ST RM 1907 (ZPH) CLEVELAND OH 44199				3 Social Security Wages 110693.12	4 Social Security Tax withheld 6862.97	
				5 Medicare Wages and Tips 110693.12	6 Medicare Tax withheld 1605.05	
				7 Social Security tips	8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code SURYATHEJA ANANTHULA 22352 HERON NECK TER CLARKSBURG MD 20871-5321				9	10 Dependent Care Benefits	
				12 See instructions for box 12 DD 20424.02 D 5501.20	14 See instructions for box 14 K 582.48 V 5508.52	
				13 <input type="checkbox"/> Statutory Employee	<input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay	
15 State MD	Employer's State ID Number 03344143	16 State Wages, Tips, etc 105191.92	17 State Income Tax 8191.11	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name
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

Form W-2 Wage and Tax Statement 2022

Department of the Treasury - Internal Revenue Service
Copy B To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

a. Employee's Social Security Number *****2582	OMB No. 1545-0008 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.					
b. Employer's Identification Number (EIN) 31-1575142	d. Control Number		1 Wages, Tips, other compensation 105191.92	2 Federal Income Tax withheld 10135.87		
c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR DHHS 1240 E 9TH ST RM 1907 (ZPH) CLEVELAND OH 44199				3 Social Security Wages 110693.12	4 Social Security Tax withheld 6862.97	
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				7 Social Security tips	8 Allocated Tips	
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				12 See instructions for box 12 DD 20424.02 D 5501.20	14 See instructions for box 14 K 582.48 V 5508.52	
				13 <input type="checkbox"/> Statutory Employee	<input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay	
15 State MD	Employer's State ID Number 03344143	16 State Wages, Tips, etc 105191.92	17 State Income Tax 8191.11	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name
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

Form W-2 Wage and Tax Statement 2022

Department of the Treasury - Internal Revenue Service

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on Back of Copy B)

Copy B—To Be Filed With Employee's FEDERAL Tax Return.			OMB No. 1545-0008	
a Employee's soc. sec. no. XXX-XX-8259	1 Wages, tips, other comp. 133097.79	2 Federal income tax withheld 14409.98		
b Employer ID number (EIN) 20-8636067	3 Social security wages 142800.00	4 Social security tax withheld 8853.60		
	5 Medicare wages and tips 145231.11	6 Medicare tax withheld 2105.85		
c Employer's name, address, and ZIP code Fidelity Technology Group, LLC 245 Summer Street Boston, MA 02210				
d Control number				
e Employee's name, address, and ZIP code Sharath Chandra Adupa 1373 Channing Park Circle Cary, NC 27519				
7 Social security tips		8 Allocated tips	9	
10 Dependent care benefits		11 Nonqualified plans	12a Code See inst. for box 12 D 12133.32	
13 Statutory employee	14 Other Retirement plan X Third-party sick pay			12b Code W 7000.00
				12c Code DD 22486.20
				12d Code
NC 600655579				133097.79
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		

Form W-2 Wage and Tax Statement 2021 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008	
a Employee's soc. sec. no. XXX-XX-8259	1 Wages, tips, other comp. 133097.79	2 Federal income tax withheld 14409.98		
b Employer ID number (EIN) 20-8636067	3 Social security wages 142800.00	4 Social security tax withheld 8853.60		
	5 Medicare wages and tips 145231.11	6 Medicare tax withheld 2105.85		
c Employer's name, address, and ZIP code Fidelity Technology Group, LLC 245 Summer Street Boston, MA 02210				
d Control number				
e Employee's name, address, and ZIP code Sharath Chandra Adupa 1373 Channing Park Circle Cary, NC 27519				
7 Social security tips		8 Allocated tips	9	
10 Dependent care benefits		11 Nonqualified plans	12a Code D 12133.32	
13 Statutory employee	14 Other Retirement plan X Third-party sick pay			12b Code W 7000.00
				12c Code DD 22486.20
				12d Code
NC 600655579				133097.79
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		

Form W-2 Wage and Tax Statement 2021 Dept. of the Treasury - IRS

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b Employer ID number (EIN) 20-8636067	3 Social security wages 142800.00	4 Social security tax withheld 8853.60		
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e Employee's name, address, and ZIP code Sharath Chandra Adupa 1373 Channing Park Circle Cary, NC 27519				
7 Social security tips		8 Allocated tips	9	
10 Dependent care benefits		11 Nonqualified plans	12a Code See inst. for box 12 D 12133.32	
13 Statutory employee	14 Other Retirement plan X Third-party sick pay			12b Code W 7000.00
				12c Code DD 22486.20
				12d Code
NC 600655579				133097.79
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		

Form W-2 Wage and Tax Statement 2021 Dept. of the Treasury - IRS
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Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008	
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				12d Code
NC 600655579				133097.79
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		

Form W-2 Wage and Tax Statement 2021 Dept. of the Treasury - IRS
BW24UP NTF 2584428 1 BW24UP

Form W-2 Wage and Tax Statement 2024

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Control number 9240909322				Employer identification number EIN 13-5160382		Copy B, To Be Filed With Employee's FEDERAL Tax Return	
Employer's name, address and ZIP code THE BANK OF NEW YORK MELLON 500 Ross Street Pittsburgh, PA 15262				Employee's social security number XXX-XX-3676		1 Wages, tips, other compensation 92631.84	2 Federal income tax withheld 16462.44
				7 Social security tips		3 Social security wages 100057.10	4 Social security tax withheld 6203.54
				8 Allocated tips		5 Medicare wages and tips 100057.10	6 Medicare tax withheld 1450.83
						10 Dependent care benefits	11 Nonqualified plans
				12a C 57.60	13 Statutory Employee <input type="checkbox"/>	14 Other PA_SUI_EE PA LST	71.34
				12b D 7425.26	Retirement Plan <input checked="" type="checkbox"/>		38.88
				12c DD 13058.28			
				12d W 200.00	Third-party sick pay <input type="checkbox"/>		
15 State PA	Employer's state ID number 10964724	16 State wages, tips etc. 99999.50	17 State income tax 3069.96	18 Local wages, tips etc. 99999.50	19 Local income tax 1000.02	20 Locality name 70	

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Form W-2 Wage and Tax Statement 2024

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Control number 9240909322				Employer identification number EIN 13-5160382		Copy C, For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)	
Employer's name, address and ZIP code THE BANK OF NEW YORK MELLON 500 Ross Street Pittsburgh, PA 15262				Employee's social security number XXX-XX-3676		1 Wages, tips, other compensation 92631.84	2 Federal income tax withheld 16462.44
				7 Social security tips		3 Social security wages 100057.10	4 Social security tax withheld 6203.54
				8 Allocated tips		5 Medicare wages and tips 100057.10	6 Medicare tax withheld 1450.83
						10 Dependent care benefits	11 Nonqualified plans
				12a C 57.60	13 Statutory Employee <input type="checkbox"/>	14 Other PA_SUI_EE PA LST	71.34
				12b D 7425.26	Retirement Plan <input checked="" type="checkbox"/>		38.88
				12c DD 13058.28			
				12d W 200.00	Third-party sick pay <input type="checkbox"/>		
15 State PA	Employer's state ID number 10964724	16 State wages, tips etc. 99999.50	17 State income tax 3069.96	18 Local wages, tips etc. 99999.50	19 Local income tax 1000.02	20 Locality name 70	

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Form W-2 Wage and Tax Statement 2024

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Control number 9240909322				Employer identification number EIN 13-5160382		Copy 1, To Be Filed With Employee's State, City, or Local Income Tax Return	
Employer's name, address and ZIP code THE BANK OF NEW YORK MELLON 500 Ross Street Pittsburgh, PA 15262				Employee's social security number XXX-XX-3676		1 Wages, tips, other compensation 92631.84	2 Federal income tax withheld 16462.44
				7 Social security tips		3 Social security wages 100057.10	4 Social security tax withheld 6203.54
				8 Allocated tips		5 Medicare wages and tips 100057.10	6 Medicare tax withheld 1450.83
						10 Dependent care benefits	11 Nonqualified plans
				12a C 57.60	13 Statutory Employee <input type="checkbox"/>	14 Other PA_SUI_EE PA LST	71.34
				12b D 7425.26	Retirement Plan <input checked="" type="checkbox"/>		38.88
				12c DD 13058.28			
				12d W 200.00	Third-party sick pay <input type="checkbox"/>		
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Form W-2 Wage and Tax Statement 2024

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Control number 9240909322				Employer identification number EIN 13-5160382		Copy 2, To Be Filed With Employee's State, City, or Local Income Tax Return	
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2022 W-2 and EARNINGS SUMMARY

Employee	Reference	Copy
W-2		
Wage and Tax Statement		
2022		
OMB No. 1545-0008		
Copy C for employee's records.		
d Control number 00008J3427 W11	Dept. IB01	Corp. Z Employer use only 2586
c Employer's name, address, and ZIP code INTERNATIONAL BUSINESS MACHINES CORPORATION 1701 NORTH ST BLDG 256-1 ENDICOTT, NY 13760		
e/f Employee's name, address, and ZIP code VANISRI ANILKUMAR 301 MINOR AVE N UNIT 605 SEATTLE, WA 98109		
b Employer's FED ID number 13-0871985	a Employee's SSA number XXX-XX-5669	
1 Wages, tips, other comp. 61740.74	2 Federal income tax withheld 11482.34	
3 Social security wages 68008.54	4 Social security tax withheld 4216.53	
5 Medicare wages and tips 68008.54	6 Medicare tax withheld 986.12	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 C 132.40	
14 Other 95.59 FLI DI P.P. # SX-18308 169.15 UI/HC/WD	12b D 6267.80	
	12c DD 2947.05	
	12d	
	13 Stat emp Ret. plan 3rd party sick pay X	
15 State	Employer's state ID no.	
TOTAL STATE		16 State wages, tips, etc.
17 State income tax 1543.65	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement for 2022 plus any additional 2022 compensation or adjustment received after the 12/21/22 payroll close.

For other tax and payroll information, visit the Payroll Services Web Site at <https://w3.ibm.com/hr/web/us/payroll> on the IBM Intranet.

Social Security Number: XXX-XX-5669

VANISRI ANILKUMAR
301 MINOR AVE N
UNIT 605
SEATTLE, WA 98109

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PAGE 01 OF 02

1 Wages, tips, other comp. 61740.74	2 Federal income tax withheld 11482.34	
3 Social security wages 68008.54	4 Social security tax withheld 4216.53	
5 Medicare wages and tips 68008.54	6 Medicare tax withheld 986.12	
d Control number 00008J3427 W11	Dept. IB01	Corp. Z Employer use only 2586
c Employer's name, address, and ZIP code INTERNATIONAL BUSINESS MACHINES CORPORATION 1701 NORTH ST BLDG 256-1 ENDICOTT, NY 13760		
b Employer's FED ID number 13-0871985	a Employee's SSA number XXX-XX-5669	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 C 132.40	
14 Other 95.59 FLI DI P.P. # SX-18308 169.15 UI/HC/WD	12b D 6267.80	
	12c DD 2947.05	
	12d	
	13 Stat emp Ret. plan 3rd party sick pay X	
e/f Employee's name, address and ZIP code VANISRI ANILKUMAR 301 MINOR AVE N UNIT 605 SEATTLE, WA 98109		
15 State	Employer's state ID no.	
TOTAL STATE		16 State wages, tips, etc.
17 State income tax 1543.65	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	
Federal Filing Copy		
W-2		
Wage and Tax Statement		
2022		
OMB No. 1545-0008		

1 Wages, tips, other comp. 61740.74	2 Federal income tax withheld 11482.34	
3 Social security wages 68008.54	4 Social security tax withheld 4216.53	
5 Medicare wages and tips 68008.54	6 Medicare tax withheld 986.12	
d Control number 00008J3427 W11	Dept. IB01	Corp. Z Employer use only 2586
c Employer's name, address, and ZIP code INTERNATIONAL BUSINESS MACHINES CORPORATION 1701 NORTH ST BLDG 256-1 ENDICOTT, NY 13760		
b Employer's FED ID number 13-0871985	a Employee's SSA number XXX-XX-5669	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a C 132.40	
14 Other 95.59 FLI DI P.P. # SX-18308 169.15 UI/HC/WD	12b D 6267.80	
	12c DD 2947.05	
	12d	
	13 Stat emp Ret. plan 3rd party sick pay X	
e/f Employee's name, address and ZIP code VANISRI ANILKUMAR 301 MINOR AVE N UNIT 605 SEATTLE, WA 98109		
15 State	Employer's state ID no.	
NJ		16 State wages, tips, etc. 62012.87
17 State income tax 1202.38	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	
NJ. State Reference Copy		
W-2		
Wage and Tax Statement		
2022		
OMB No. 1545-0008		

1 Wages, tips, other comp. 61740.74	2 Federal income tax withheld 11482.34	
3 Social security wages 68008.54	4 Social security tax withheld 4216.53	
5 Medicare wages and tips 68008.54	6 Medicare tax withheld 986.12	
d Control number 00008J3427 W11	Dept. IB01	Corp. Z Employer use only 2586
c Employer's name, address, and ZIP code INTERNATIONAL BUSINESS MACHINES CORPORATION 1701 NORTH ST BLDG 256-1 ENDICOTT, NY 13760		
b Employer's FED ID number 13-0871985	a Employee's SSA number XXX-XX-5669	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a C 132.40	
14 Other 95.59 FLI DI P.P. # SX-18308 169.15 UI/HC/WD	12b D 6267.80	
	12c DD 2947.05	
	12d	
	13 Stat emp Ret. plan 3rd party sick pay X	
e/f Employee's name, address and ZIP code VANISRI ANILKUMAR 301 MINOR AVE N UNIT 605 SEATTLE, WA 98109		
15 State	Employer's state ID no.	
NJ		16 State wages, tips, etc. 62012.87
17 State income tax 1202.38	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	
NJ. State Filing Copy		
W-2		
Wage and Tax Statement		
2022		
OMB No. 1545-0008		

Copy B to be filed with employee's Federal Income Tax Return.

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

008-004680-W2-30115-CGA-1 of 2

Capgemini America, Inc.
PO Box 17004
Augusta, GA 30903

Year To Date Earnings

Regular - Semi Mo.	122562.08
Retro Pay	874.74
Vacation Paid Not Taken	2596.02
Cost of Wage Allowance	1878.50
Variable Compensation Award	1076.00
Start Bonus - New Hire	10000.00
Group Term Life > \$50000	165.65

Year To Date Deductions

Pretax Medical Deduction	5493.60
Vision Plan	180.00
Pretax Dental Plan	435.60
CGA AD&D Insurance	61.95
Mercer Voluntary Deductions	214.20
401(k) Contribution	8906.17
Group Term Life>\$50000 Offset	165.65

Social Security No.:
XXX-XX-6648

a Employee's social security number XXX-XX-6648	d Control number 008529 WY/2S7	7 Social security tips	1 Wages, tips, other compensation 124137.62	2 Federal income tax withheld 15632.63
c Employer's name, address, and ZIP code Capgemini America, Inc. PO Box 17004 Augusta, GA 30903		8 Allocated tips	3 Social security wages 133043.79	4 Social security tax withheld 8248.71
b Employer identification number (EIN) 22-2575929		9	5 Medicare wages and tips 133043.79	6 Medicare tax withheld 1929.13
e Employee's first name and initial HAWAGIR S ANERAYE 460 CARMICHAEL CIR CANTON, GA 30115	Suff.	10 Dependent care benefits	12a See instructions for box 12 C 165.65	12b D 8906.17
f Employee's address and ZIP code		11 Nonqualified plans	12c DD 19013.24	12d
15 State Employer's State ID No GA 2061024 CX	16 State wages, tips, etc. 78544.40	17 State income tax 4289.19	18 Local wages, tips, etc.	19 Local income tax
			20 Locality name	

2022 Form W-2 Wage and Tax Statement

OMB No. 1545-0008

Employee's Copy

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

Department of the Treasury-Internal Revenue Service. 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.

2022

Form W-2 Wage and Tax Statement

OMB No. 1545-0008

State

Filing Copy

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

Department of the Treasury-Internal Revenue Service.

a Employee's social security number XXX-XX-6648	d Control number 008529 WY/2S7	7 Social security tips	1 Wages, tips, other compensation 124137.62	2 Federal income tax withheld 15632.63
c Employer's name, address, and ZIP code Capgemini America, Inc. PO Box 17004 Augusta, GA 30903		8 Allocated tips	3 Social security wages 133043.79	4 Social security tax withheld 8248.71
b Employer identification number (EIN) 22-2575929		9	5 Medicare wages and tips 133043.79	6 Medicare tax withheld 1929.13
e Employee's first name and initial HAWAGIR S ANERAYE 460 CARMICHAEL CIR CANTON, GA 30115	Suff.	10 Dependent care benefits	12a See instructions for box 12 C 165.65	12b D 8906.17
f Employee's address and ZIP code		11 Nonqualified plans	12c DD 19013.24	12d
15 State Employer's State ID No GA 2061024 CX	16 State wages, tips, etc. 78544.40	17 State income tax 4289.19	18 Local wages, tips, etc.	19 Local income tax
			20 Locality name	

2022

Form W-2 Wage and Tax Statement

OMB No. 1545-0008

Federal Filing Copy

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

Department of the Treasury-Internal Revenue Service.

a Employee's social security number XXX-XX-6648	d Control number 008529 WY/2S7	7 Social security tips	1 Wages, tips, other compensation 124137.62	2 Federal income tax withheld 15632.63
c Employer's name, address, and ZIP code Capgemini America, Inc. PO Box 17004 Augusta, GA 30903		8 Allocated tips	3 Social security wages 133043.79	4 Social security tax withheld 8248.71
b Employer identification number (EIN) 22-2575929		9	5 Medicare wages and tips 133043.79	6 Medicare tax withheld 1929.13
e Employee's first name and initial HAWAGIR S ANERAYE 460 CARMICHAEL CIR CANTON, GA 30115	Suff.	10 Dependent care benefits	12a See instructions for box 12 C 165.65	12b D 8906.17
f Employee's address and ZIP code		11 Nonqualified plans	12c DD 19013.24	12d
15 State Employer's State ID No GA 2061024 CX	16 State wages, tips, etc. 78544.40	17 State income tax 4289.19	18 Local wages, tips, etc.	19 Local income tax
			20 Locality name	

Form W-2 Wage and Tax Statement 2022

				Copy C, for employee's records			
<p>c Employer's name, address, and ZIP code DOTCOM TEAM LLC 325 WOOD RD STE 103 BRAINTREE MA 02184</p>				<p>d Control number 0940-Y411ZE72 0000000845 - PAYROL</p>		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008
<p>b Employer identification number (EIN) a Employee's social security number 86-0973809 283-93-5919</p>							
<p>13 Statutory employee Retirement plan Third-party sick pay</p>						1 Wages, tips, other compensation 193268.00	2 Federal income tax withheld 20568.64
						3 Social security wages 147000.00	4 Social security tax withheld 9114.00
						5 Medicare wages and tips 193268.00	6 Medicare tax withheld 2802.39
						7 Social Security Tips	8 Allocated Tips
						10 Dependent care benefits	11 Nonqualified plans
15 State PA	Employer's state ID number 93191363	16 State wages, tips, etc. 193268.00	17 State income tax 5933.27	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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 2022

				Copy B, to be filed with employee's FEDERAL tax return			
<p>c Employer's name, address, and ZIP code DOTCOM TEAM LLC 325 WOOD RD STE 103 BRAINTREE MA 02184</p>				<p>d Control number 0940-Y411ZE72 0000000845 - PAYROL</p>		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008
<p>b Employer identification number (EIN) a Employee's social security number 86-0973809 283-93-5919</p>							
<p>13 Statutory employee Retirement plan Third-party sick pay</p>						1 Wages, tips, other compensation 193268.00	2 Federal income tax withheld 20568.64
						3 Social security wages 147000.00	4 Social security tax withheld 9114.00
						5 Medicare wages and tips 193268.00	6 Medicare tax withheld 2802.39
						7 Social Security Tips	8 Allocated Tips
						10 Dependent care benefits	11 Nonqualified plans
15 State PA	Employer's state ID number 93191363	16 State wages, tips, etc. 193268.00	17 State income tax 5933.27	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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 2022

				Copy 2, to be filed with employee's tax return for PA			
<p>c Employer's name, address, and ZIP code DOTCOM TEAM LLC 325 WOOD RD STE 103 BRAINTREE MA 02184</p>				<p>d Control number 0940-Y411ZE72 0000000845 - PAYROL</p>		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008
<p>b Employer identification number (EIN) a Employee's social security number 86-0973809 283-93-5919</p>							
<p>13 Statutory employee Retirement plan Third-party sick pay</p>						1 Wages, tips, other compensation 193268.00	2 Federal income tax withheld 20568.64
						3 Social security wages 147000.00	4 Social security tax withheld 9114.00
						5 Medicare wages and tips 193268.00	6 Medicare tax withheld 2802.39
						7 Social Security Tips	8 Allocated Tips
						10 Dependent care benefits	11 Nonqualified plans
15 State PA	Employer's state ID number 93191363	16 State wages, tips, etc. 193268.00	17 State income tax 5933.27	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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 2022

				Copy 3, to be filed with employee's tax return for PA			
<p>c Employer's name, address, and ZIP code DOTCOM TEAM LLC 325 WOOD RD STE 103 BRAINTREE MA 02184</p>				<p>d Control number 0940-Y411ZE72 0000000845 - PAYROL</p>		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008
<p>b Employer identification number (EIN) a Employee's social security number 86-0973809 283-93-5919</p>							
<p>13 Statutory employee Retirement plan Third-party sick pay</p>						1 Wages, tips, other compensation 193268.00	2 Federal income tax withheld 20568.64
						3 Social security wages 147000.00	4 Social security tax withheld 9114.00
						5 Medicare wages and tips 193268.00	6 Medicare tax withheld 2802.39
						7 Social Security Tips	8 Allocated Tips
						10 Dependent care benefits	11 Nonqualified plans
15 State PA	Employer's state ID number 93191363	16 State wages, tips, etc. 193268.00	17 State income tax 5933.27	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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.

Employee	Reference	Copy
Wage and Tax	Statement	2023
OMB No. 1545-0008		

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
032197 PITT/6JC	401069		A 836

c Employer's name, address, and ZIP code

HITACHI RAIL STS USA INC
1000 TECHNOLOGY DRIVE
PITTSBURGH PA 15219-3120

Batch #03274

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

YOGIREDDY YERRAMREDDY
2221 BEAR RUN DR
PITTSBURGH PA 15237

b Employer's FED ID number

25-1579001

a Employee's SSA number

XXX-XX-9725

1 Wages, tips, other comp.

128879.67

2 Federal income tax withheld

8874.35

3 Social security wages

143658.46

4 Social security tax withheld

8906.82

5 Medicare wages and tips

143658.46

6 Medicare tax withheld

2083.05

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

11 Nonqualified plans

12a See instructions for box 12

C 113.88

12b D 14778.79

12c DD 29484.87

12d

13 Stat emp Ret. plan 3rd party sick pay

X

15 State Employer's state ID no.

PA 17668351

16 State wages, tips, etc.

143544.58

17 State income tax

3850.81

18 Local wages, tips, etc.

143544.58

19 Local income tax

1867.97

20 Locality name

700102

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. 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	700102 PITTS Local Wages, Tips, Etc. Box 18 of W-2
Gross Pay	154,235.84	154,235.84	154,235.84	154,235.84
Plus GTL (C-Box 12)	113.88	113.88	113.88	N/A
Less Misc. Non Taxable Comp.	6,236.94	6,236.94	6,236.94	6,236.94
Less 401(k) (D-Box 12)	14,778.79	N/A	N/A	N/A
Less Other Caf 125	4,454.32	4,454.32	4,454.32	4,454.32
Reported W-2 Wages	128,879.67	143,658.46	143,658.46	143,544.58

Note - Fringe benefits include : Other \$210.52

2. Employee Name and Address.

YOGIREDDY YERRAMREDDY
2221 BEAR RUN DR
PITTSBURGH PA 15237

* PA local wages and withholding are reported to employee work location PSD unless it is outside of

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PA (Per Act 32).

1 Wages, tips, other comp.

128879.67

2 Federal income tax withheld

8874.35

3 Social security wages

143658.46

4 Social security tax withheld

8906.82

5 Medicare wages and tips

143658.46

6 Medicare tax withheld

2083.05

d Control number

032197 PITT/6JC

Dept.

401069

Corp.

Employer use only

A 836

c Employer's name, address, and ZIP code

HITACHI RAIL STS USA INC
1000 TECHNOLOGY DRIVE
PITTSBURGH PA 15219-3120

b Employer's FED ID number

25-1579001

a Employee's SSA number

XXX-XX-9725

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

11 Nonqualified plans

12a See instructions for box 12

C 113.88

12b D 14778.79

12c DD 29484.87

12d

13 Stat emp Ret. plan 3rd party sick pay

X

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

YOGIREDDY YERRAMREDDY

2221 BEAR RUN DR

PITTSBURGH PA 15237

15 State Employer's state ID no.

PA 17668351

16 State wages, tips, etc.

143544.58

17 State income tax

3850.81

18 Local wages, tips, etc.

143544.58

19 Local income tax

1867.97

20 Locality name

700102

Federal Filing Copy

W-2 Wage and Tax Statement

2023 OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp.

128879.67

2 Federal income tax withheld

8874.35

3 Social security wages

143658.46

4 Social security tax withheld

8906.82

5 Medicare wages and tips

143658.46

6 Medicare tax withheld

2083.05

d Control number

032197 PITT/6JC

Dept.

401069

Corp.

Employer use only

A 836

c Employer's name, address, and ZIP code

HITACHI RAIL STS USA INC
1000 TECHNOLOGY DRIVE
PITTSBURGH PA 15219-3120

b Employer's FED ID number

25-1579001

a Employee's SSA number

XXX-XX-9725

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

11 Nonqualified plans

12a C 113.88

12b D 14778.79

12c DD 29484.87

12d

13 Stat emp Ret. plan 3rd party sick pay

X

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

YOGIREDDY YERRAMREDDY

2221 BEAR RUN DR

PITTSBURGH PA 15237

15 State Employer's state ID no.

PA 17668351

16 State wages, tips, etc.

143544.58

17 State income tax

143544.58

19 Local income tax

1867.97

20 Locality name

700102

City or Local Reference Copy

W-2 Wage and Tax Statement

2023 OMB No. 1545-0008

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

1 Wages, tips, other comp.

128879.67

2 Federal income tax withheld

8874.35

3 Social security wages

143658.46

4 Social security tax withheld

8906.82

5 Medicare wages and tips

143658.46

6 Medicare tax withheld

2083.05

d Control number

032197 PITT/6JC

Dept.

401069

Corp.

Employer use only

A 836

c Employer's name, address, and ZIP code

HITACHI RAIL STS USA INC
1000 TECHNOLOGY DRIVE
PITTSBURGH PA 15219-3120

b Employer's FED ID number

25-1579001

a Employee's SSA number

XXX-XX-9725

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

11 Nonqualified plans

12a C 113.88

12b D 14778.79

12c DD 29484.87

12d

13 Stat emp Ret. plan 3rd party sick pay

X

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

YOGIREDDY YERRAMREDDY

2221 BEAR RUN DR

PITTSBURGH PA 15237

15 State Employer's state ID no.

PA 17668351

16 State wages, tips, etc.

143544.58

19 Local income tax

1867.97

20 Locality name

700102

City or Local Filing Copy

W-2 Wage and Tax Statement

2023 OMB No. 1545-0008

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

Virat Agarwal - 030067 - NVIDIA Corporation

W-2

Scan QR code to go to TurboTax and import your W-2 information and file your return. Or by typing this into your browser:
<https://turbotax.intuit.com/affiliate/ultipaper>



**Form W-2 Wage & Tax Statement 2024
Copy B - To Be Filed With Employee's FEDERAL Tax Return.**

This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-8111	1 Wages, tips, other compensation 134938.28	2 Federal income tax withheld 25649.32				
c Employer's name, address, and ZIP code NVIDIA Corporation 2788 San Tomas Expressway Santa Clara, CA 95051 USA	3 Social security wages 61321.96	4 Social security tax withheld 3801.96				
	5 Medicare wages and tips 61321.96	6 Medicare tax withheld 889.17				
	7 Social security tips 0.00	8 Allocated tips 0.00				
b Employer identification number (EIN) 94-3177549	9	10 Dependent care benefits 0.00				
e Employee's name, address, and ZIP code Virat Agarwal 1656 Hope Drive, Apt 1429 Santa Clara, CA 95054	11 Nonqualified plans 0.00	13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				
	12 See instructions for box 12 C 151.32 D 23000.00 DD 5244.27 W 1000.02	14 Other VPDI 1587.85				
15 State CA	Employer's state ID No. 397-6790-0	16 State wages, tips, etc. 135938.30	17 State income tax 11001.40	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

2024 W-2 and EARNINGS SUMMARY



Employee	Reference	Copy
Wage and Tax Statement	2024	OMB No. 1545-0008
Copy C for employee's records.		
d Control number 210905	Dept. CHIC/XQA	Corp. Employer use only A
c Employer's name, address, and ZIP code ASSOCIATED MATERIALS LLC 3773 STATE ROAD CUYAHOGA FALLS OH 44223		
Batch #03107		
e/f Employee's name, address, and ZIP code TAMALIKA SENGUPTA 1704 FROST LANE NAPERVILLE IL 60564		
b Employer's FED ID number 75-1872487	a Employee's SSA number XXX-XX-8335	
1 Wages, tips, other comp. 39872.47	2 Federal income tax withheld 5764.24	
3 Social security wages 40008.63	4 Social security tax withheld 2480.54	
5 Medicare wages and tips 40008.63	6 Medicare tax withheld 580.13	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 C 70.16	
14 Other	12b D 136.16	
	12c	
	12d	
	13 Stat emp Ret. plan 3rd party sick pay X	
15 State IL	Employer's state ID no. 75-1872487 000 2	16 State wages, tips, etc. 39872.47
17 State income tax 1970.18	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. 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	IL. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	39 , 938 . 47	39 , 938 . 47	39 , 938 . 47	39 , 938 . 47
Plus GTL (C-Box 12)	70 . 16	70 . 16	70 . 16	70 . 16
Less 401(k) (D-Box 12)	136 . 16	N/A	N/A	136 . 16
Reported W-2 Wages	39,872.47	40,008.63	40,008.63	39,872.47

2. Employee Name and Address.

TAMALIKA SENGUPTA
1704 FROST LANE
NAPERVILLE IL 60564

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1 Wages, tips, other comp. 39872.47	2 Federal income tax withheld 5764.24	
3 Social security wages 40008.63	4 Social security tax withheld 2480.54	
5 Medicare wages and tips 40008.63	6 Medicare tax withheld 580.13	
d Control number 210905	Dept. CHIC/XQA	Corp. Employer use only A
c Employer's name, address, and ZIP code ASSOCIATED MATERIALS LLC 3773 STATE ROAD CUYAHOGA FALLS OH 44223		
b Employer's FED ID number 75-1872487	a Employee's SSA number XXX-XX-8335	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 C 70.16	
14 Other	12b D 136.16	
	12c	
	12d	
	13 Stat emp Ret. plan 3rd party sick pay X	
e/f Employee's name, address and ZIP code TAMALIKA SENGUPTA 1704 FROST LANE NAPERVILLE IL 60564		
15 State IL	Employer's state ID no. 75-1872487 000 2	16 State wages, tips, etc. 39872.47
17 State income tax 1970.18	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	
Federal	Filing	Copy
W-2	Wage and Tax Statement	2024
Copy B to be filed with employee's Federal Income Tax Return.		

1 Wages, tips, other comp. 39872.47	2 Federal income tax withheld 5764.24	
3 Social security wages 40008.63	4 Social security tax withheld 2480.54	
5 Medicare wages and tips 40008.63	6 Medicare tax withheld 580.13	
d Control number 210905	Dept. CHIC/XQA	Corp. Employer use only A
c Employer's name, address, and ZIP code ASSOCIATED MATERIALS LLC 3773 STATE ROAD CUYAHOGA FALLS OH 44223		
b Employer's FED ID number 75-1872487	a Employee's SSA number XXX-XX-8335	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 C 70.16	
14 Other	12b D 136.16	
	12c	
	12d	
	13 Stat emp Ret. plan 3rd party sick pay X	
e/f Employee's name, address and ZIP code TAMALIKA SENGUPTA 1704 FROST LANE NAPERVILLE IL 60564		
15 State IL	Employer's state ID no. 75-1872487 000 2	16 State wages, tips, etc. 39872.47
17 State income tax 1970.18	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	
IL.State	Reference	Copy
W-2	Wage and Tax Statement	2024
Copy 2 to be filed with employee's State Income Tax Return.		

1 Wages, tips, other comp. 39872.47	2 Federal income tax withheld 5764.24	
3 Social security wages 40008.63	4 Social security tax withheld 2480.54	
5 Medicare wages and tips 40008.63	6 Medicare tax withheld 580.13	
d Control number 210905	Dept. CHIC/XQA	Corp. Employer use only A
c Employer's name, address, and ZIP code ASSOCIATED MATERIALS LLC 3773 STATE ROAD CUYAHOGA FALLS OH 44223		
b Employer's FED ID number 75-1872487	a Employee's SSA number XXX-XX-8335	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 C 70.16	
14 Other	12b D 136.16	
	12c	
	12d	
	13 Stat emp Ret. plan 3rd party sick pay X	
e/f Employee's name, address and ZIP code TAMALIKA SENGUPTA 1704 FROST LANE NAPERVILLE IL 60564		
15 State IL	Employer's state ID no. 75-1872487 000 2	16 State wages, tips, etc. 39872.47
17 State income tax 1970.18	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	
IL.State	Filing	Copy
W-2	Wage and Tax Statement	2024
Copy 2 to be filed with employee's State Income Tax Return.		

2024 W-2 and EARNINGS SUMMARY

Employee	Reference	Copy
W-2		
Wage and Tax Statement		
2024		
OMB No. 1545-0008		
Copy C for employee's records.		
d Control number 761968 W11	Dept. IND_00	Corp. DVGB
79562		
c Employer's name, address, and ZIP code INTERNATIONAL BUSINESS MACHINES CORPORATION 2455 SOUTH ROAD POUGHKEEPSIE, NY 12601-5400		
e/f Employee's name, address, and ZIP code ASIF A MOHAMMED 516 SANTA FE TRAIL APT 221 IRVING, TX 75063		
b Employer's FED ID number 13-0871985	a Employee's SSA number XXX-XX-2394	
1 Wages, tips, other comp. 80211.35	2 Federal income tax withheld 4850.12	
3 Social security wages 84643.84	4 Social security tax withheld 5247.92	
5 Medicare wages and tips 84643.84	6 Medicare tax withheld 1227.34	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 C 50.92	
14 Other	12b D 4432.49	
	12c W 1600.00	
	12d DD 24937.44	
	13 Stat emp Ret. plan 3rd party sick pay X	
15 State	Employer's state ID no.	16 State wages, tips, etc.
17 State income tax		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement for 2024 plus any additional 2024 compensation or adjustment received after the 12/27/24 payroll close.

For other tax and payroll information, visit the Payroll Services Web Site at <https://w3.ibm.com/hr/web/us/payroll> on the IBM Intranet.

ASIF A MOHAMMED
516 SANTA FE TRAIL
APT 221
IRVING, TX 75063

Social Security Number: XXX-XX-2394

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PAGE 01 OF 01

1 Wages, tips, other comp. 80211.35	2 Federal income tax withheld 4850.12
3 Social security wages 84643.84	4 Social security tax withheld 5247.92
5 Medicare wages and tips 84643.84	6 Medicare tax withheld 1227.34
d Control number 761968 W11	Dept. IND_00
	Corp. DVGB
79562	
c Employer's name, address, and ZIP code INTERNATIONAL BUSINESS MACHINES CORPORATION 2455 SOUTH ROAD POUGHKEEPSIE, NY 12601-5400	
b Employer's FED ID number 13-0871985	a Employee's SSA number XXX-XX-2394
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 50.92
14 Other	12b D 4432.49
	12c W 1600.00
	12d DD 24937.44
	13 Stat emp Ret. plan 3rd party sick pay X
e/f Employee's name, address and ZIP code ASIF A MOHAMMED 516 SANTA FE TRAIL APT 221 IRVING, TX 75063	
15 State	Employer's state ID no.
16 State wages, tips, etc.	
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
Federal Filing Copy	
W-2	
Wage and Tax Statement	
2024	
OMB No. 1545-0008	

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

Employee	Reference	Copy
W-2		
Wage and Tax Statement		
2024		
OMB No. 1545-0008		

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

1 Wages, tips, other comp. 80211.35	2 Federal income tax withheld 4850.12
3 Social security wages 84643.84	4 Social security tax withheld 5247.92
5 Medicare wages and tips 84643.84	6 Medicare tax withheld 1227.34
d Control number 761968 W11	Dept. IND_00
	Corp. DVGB
79562	
c Employer's name, address, and ZIP code INTERNATIONAL BUSINESS MACHINES CORPORATION 2455 SOUTH ROAD POUGHKEEPSIE, NY 12601-5400	
b Employer's FED ID number 13-0871985	a Employee's SSA number XXX-XX-2394
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a C 50.92
14 Other	12b D 4432.49
	12c W 1600.00
	12d DD 24937.44
	13 Stat emp Ret. plan 3rd party sick pay X
e/f Employee's name, address and ZIP code ASIF A MOHAMMED 516 SANTA FE TRAIL APT 221 IRVING, TX 75063	
15 State	Employer's state ID no.
16 State wages, tips, etc.	
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
City or Local Filing Copy	
W-2	
Wage and Tax Statement	
2024	
OMB No. 1545-0008	

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

Copy B—To Be Filed With Employee's FEDERAL Tax Return.			OMB No. 1545-0008
a Employee's soc. sec. no. XXX-XX-9101	1 Wages, tips, other comp. 7528.86	2 Federal income tax withheld 244.83	
b Employer ID number (EIN) 41-0215170	3 Social security wages 7591.80	4 Social security tax withheld 470.69	
c Employer's name, address, and ZIP code Target Corporation 7000 Target Parkway N. Mail Stop: NCC-0102 Minneapolis, MN 55445	5 Medicare wages and tips 7591.80	6 Medicare tax withheld 110.08	
d Control number a.2077 Mount			
e Employee's name, address, and ZIP code Bharathi Yerramreddy 40 CHARLES ST LIVINGSTON, NJ 07039-2959			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 D 62.94	
13 Statutory employee Retirement plan X Third-party sick pay	14 Other LST PASUI	22.00 5.31	12b Code 12c Code 12d Code
PA 19468354	7591.80	233.07	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc. 7591.80	19 Local income tax 75.93	20 Locality name 71 OHIO	

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008
a Employee's soc. sec. no. XXX-XX-9101	1 Wages, tips, other comp. 7528.86	2 Federal income tax withheld 244.83	
b Employer ID number (EIN) 41-0215170	3 Social security wages 7591.80	4 Social security tax withheld 470.69	
c Employer's name, address, and ZIP code Target Corporation 7000 Target Parkway N. Mail Stop: NCC-0102 Minneapolis, MN 55445	5 Medicare wages and tips 7591.80	6 Medicare tax withheld 110.08	
d Control number a.2077 Mount			
e Employee's name, address, and ZIP code Bharathi Yerramreddy 40 CHARLES ST LIVINGSTON, NJ 07039-2959			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code D 62.94	
13 Statutory employee Retirement plan X Third-party sick pay	14 Other LST PASUI	22.00 5.31	12b Code 12c Code 12d Code
PA 19468354	7591.80	233.07	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc. 7591.80	19 Local income tax 75.93	20 Locality name 71 OHIO	

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)			OMB No. 1545-0008
a Employee's soc. sec. no. XXX-XX-9101	1 Wages, tips, other comp. 7528.86	2 Federal income tax withheld 244.83	
b Employer ID number (EIN) 41-0215170	3 Social security wages 7591.80	4 Social security tax withheld 470.69	
c Employer's name, address, and ZIP code Target Corporation 7000 Target Parkway N. Mail Stop: NCC-0102 Minneapolis, MN 55445	5 Medicare wages and tips 7591.80	6 Medicare tax withheld 110.08	
d Control number a.2077 Mount			
e Employee's name, address, and ZIP code Bharathi Yerramreddy 40 CHARLES ST LIVINGSTON, NJ 07039-2959			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 D 62.94	
13 Statutory employee Retirement plan X Third-party sick pay	14 Other LST PASUI	22.00 5.31	12b Code 12c Code 12d Code
PA 19468354	7591.80	233.07	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc. 7591.80	19 Local income tax 75.93	20 Locality name 71 OHIO	

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS
This information is being furnished to the IRS. 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.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008
a Employee's soc. sec. no. XXX-XX-9101	1 Wages, tips, other comp. 7528.86	2 Federal income tax withheld 244.83	
b Employer ID number (EIN) 41-0215170	3 Social security wages 7591.80	4 Social security tax withheld 470.69	
c Employer's name, address, and ZIP code Target Corporation 7000 Target Parkway N. Mail Stop: NCC-0102 Minneapolis, MN 55445	5 Medicare wages and tips 7591.80	6 Medicare tax withheld 110.08	
d Control number a.2077 Mount			
e Employee's name, address, and ZIP code Bharathi Yerramreddy 40 CHARLES ST LIVINGSTON, NJ 07039-2959			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code D 62.94	
13 Statutory employee Retirement plan X Third-party sick pay	14 Other LST PASUI	22.00 5.31	12b Code 12c Code 12d Code
PA 19468354	7591.80	233.07	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc. 7591.80	19 Local income tax 75.93	20 Locality name 71 OHIO	

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS
BW24UP NTF 2585808 3 BW24UP

1 Wages, tips, other compensation 38536.93		2 Federal Income tax withheld 3131.32	
3 Social security wages 42195.56		4 Social security tax withheld 2616.12	
5 Medicare wages and tips 42195.56		6 Medicare tax withheld 611.84	
c Employer's name, address and ZIP code FCA US LLC 1000 CHRYSLER DRIVE AUBURN HILLS MI 48326-2766			
10 Dependent care benefits C 71.84		11 Nonqualified plans D 3658.63	
12a See instructions for box 12 C 71.84		12b D 3658.63	
12d		12e	
b Employer's identification number 27-0187394		d Employee's social security number 882-78-4210	
13 Statutory employee plan X		14 Retirement plan Third-party sick pay Other	
e Employee's name NETHRAVATHI SRINIVAS REDDY 1933 Golfview Dr APT 203 Troy MI 48084-3934		f Employee's address and ZIP code	
15 State 2022 MI		Employer's state I.D. number 27-0187394	
16 State wages, tips, etc. 38536.93			
17 State income tax W2 1563.94		18 Local wages, tips, etc. 1563.94	
19 Local income tax		20 Locality Name	
OMB No. 1545-0008			

1 Wages, tips, other compensation 38536.93		2 Federal Income tax withheld 3131.32	
3 Social security wages 42195.56		4 Social security tax withheld 2616.12	
5 Medicare wages and tips 42195.56		6 Medicare tax withheld 611.84	
c Employer's name, address and ZIP code FCA US LLC 1000 CHRYSLER DRIVE AUBURN HILLS MI 48326-2766			
10 Dependent care benefits C 71.84		11 Nonqualified plans D 3658.63	
12a See instructions for box 12 C 71.84		12b D 3658.63	
12d		12e	
b Employer's identification number 27-0187394		d Employee's social security number 882-78-4210	
13 Statutory employee plan X		14 Retirement plan Third-party sick pay Other	
e Employee's name NETHRAVATHI SRINIVAS REDDY 1933 Golfview Dr APT 203 Troy MI 48084-3934		f Employee's address and ZIP code	
15 State 2022 MI		Employer's state I.D. number 27-0187394	
16 State wages, tips, etc. 38536.93			
17 State income tax W2 1563.94		18 Local wages, tips, etc. 1563.94	
19 Local income tax		20 Locality Name	
OMB No. 1545-0008			

1 Wages, tips, other compensation 38536.93		2 Federal Income tax withheld 3131.32	
3 Social security wages 42195.56		4 Social security tax withheld 2616.12	
5 Medicare wages and tips 42195.56		6 Medicare tax withheld 611.84	
c Employer's name, address and ZIP code FCA US LLC 1000 CHRYSLER DRIVE AUBURN HILLS MI 48326-2766			
10 Dependent care benefits C 71.84		11 Nonqualified plans D 3658.63	
12a See instructions for box 12 C 71.84		12b D 3658.63	
12d		12e	
b Employer's identification number 27-0187394		d Employee's social security number 882-78-4210	
13 Statutory employee plan X		14 Retirement plan Third-party sick pay Other	
e Employee's name NETHRAVATHI SRINIVAS REDDY 1933 Golfview Dr APT 203 Troy MI 48084-3934		f Employee's address and ZIP code	
15 State 2022 MI		Employer's state I.D. number 27-0187394	
16 State wages, tips, etc. 38536.93			
17 State income tax W2 1563.94		18 Local wages, tips, etc. 1563.94	
19 Local income tax		20 Locality Name	
OMB No. 1545-0008			

1 Wages, tips, other compensation 38536.93		2 Federal Income tax withheld 3131.32	
3 Social security wages 42195.56		4 Social security tax withheld 2616.12	
5 Medicare wages and tips 42195.56		6 Medicare tax withheld 611.84	
c Employer's name, address and ZIP code FCA US LLC 1000 CHRYSLER DRIVE AUBURN HILLS MI 48326-2766			
10 Dependent care benefits C 71.84		11 Nonqualified plans D 3658.63	
12a See instructions for box 12 C 71.84		12b D 3658.63	
12d		12e	
b Employer's identification number 27-0187394		d Employee's social security number 882-78-4210	
13 Statutory employee plan X		14 Retirement plan Third-party sick pay Other	
e Employee's name NETHRAVATHI SRINIVAS REDDY 1933 Golfview Dr APT 203 Troy MI 48084-3934		f Employee's address and ZIP code	
15 State 2022 MI		Employer's state I.D. number 27-0187394	
16 State wages, tips, etc. 38536.93			
17 State income tax W2 1563.94		18 Local wages, tips, etc. 1563.94	
19 Local income tax		20 Locality Name	
OMB No. 1545-0008			

QUESTION? CALL 877-827-7744

Earning Summary: Neha Thakur (728181596)

Box 1: Wages, tips, other compensation	
Gross Pay	\$88,550.06
No Pre-Tax Deductions	\$0.00
Amount in Box 1	\$88,550.06

Box 3: Social security wages	
Gross Pay	\$88,550.06
No Pre-Tax Deductions	\$0.00
Amount in Box 3	\$88,550.06

Box 5: Medicare wages and tips	
Gross Pay	\$88,550.06
No Pre-Tax Deductions	\$0.00
Amount in Box 5	\$88,550.06

Box 12-Code: DD: Cost of employer sponsored health coverage	
Dental - Company Contribution	\$127.75
Vision - Company Contribution	\$20.25
Amount in Box 12-Code: DD	\$148.00

Box 16 for NC: State wages, tips, etc.	
Gross Pay	\$88,550.06
No Pre-Tax Deductions	\$0.00
Amount in Box 16	\$88,550.06

a Employee's SSN 488-27-2634			b Employer identification number (EIN) 75-2731076			OMB No. 1545-0008
c Employer's name, address, and ZIP code INFOBUILDERS, INC 2912 N MACARTHUR BLVD SUITE # 107 IRVING TX 75062			1 Wgs, tips, other compn 134400.00	2 Fed inc tax withheld 16056.00	3 Social security wages 134400.00	Form W-2 Wage and Tax Statement 2022
			4 SS tax withheld 8332.80	5 Medicare wages & tips 134400.00	6 Medicare tax withheld 1948.80	
			7 Social security tips	8 Allocated tips	9	
			10 Depndt care benefits	11 Nonqualified plans	12a	
e Employee's name, address, and ZIP code VENKATRAM VANGALA 29619 INDIGO SHORE WAY HOUSTON, HOUSTON TX 77386			13 Statutory employee. <input type="checkbox"/>	14 Other	12b	
			Retirement plan . . <input type="checkbox"/>		12c	
			Third-party sick pay <input type="checkbox"/>		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	

REV 02/09/23 QBTD

Department of the Treasury — IRS

Copy B To Be Filed with Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

a Employee's SSN 488-27-2634			b Employer identification number (EIN) 75-2731076			OMB No. 1545-0008
c Employer's name, address, and ZIP code INFOBUILDERS, INC 2912 N MACARTHUR BLVD SUITE # 107 IRVING TX 75062			1 Wgs, tips, other compn 134400.00	2 Fed inc tax withheld 16056.00	3 Social security wages 134400.00	Form W-2 Wage and Tax Statement 2022
			4 SS tax withheld 8332.80	5 Medicare wages & tips 134400.00	6 Medicare tax withheld 1948.80	
			7 Social security tips	8 Allocated tips	9	
			10 Depndt care benefits	11 Nonqualified plans	12a	
e Employee's name, address, and ZIP code VENKATRAM VANGALA 29619 INDIGO SHORE WAY HOUSTON, HOUSTON TX 77386			13 Statutory employee. <input type="checkbox"/>	14 Other	12b	
			Retirement plan . . <input type="checkbox"/>		12c	
			Third-party sick pay <input type="checkbox"/>		12d	
15 State Employer's state ID No.	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name	

REV 02/09/23 QBTD

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

a Employee's SSN 488-27-2634			b Employer identification number (EIN) 75-2731076			OMB No. 1545-0008
c Employer's name, address, and ZIP code INFOBUILDERS, INC 2912 N MACARTHUR BLVD SUITE # 107 IRVING TX 75062			This information is being furnished to the IRS. 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.			
			1 Wgs, tips, other compn 134400.00	2 Fed inc tax withheld 16056.00	3 Social security wages 134400.00	Form W-2 Wage and Tax Statement 2022
			4 SS tax withheld 8332.80	5 Medicare wages & tips 134400.00	6 Medicare tax withheld 1948.80	
			7 Social security tips	8 Allocated tips	9	
			10 Depndt care benefits	11 Nonqualified plans	12a	
e Employee's name, address, and ZIP code VENKATRAM VANGALA 29619 INDIGO SHORE WAY HOUSTON, HOUSTON TX 77386			13 Statutory employee. <input type="checkbox"/>	14 Other	12b	
			Retirement plan . . <input type="checkbox"/>		12c	
			Third-party sick pay <input type="checkbox"/>		12d	
15 State Employer's state ID No.	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name	

REV 02/09/23 QBTD

**Copy C For EMPLOYEE'S RECORDS.
(See Notice to Employee.)**

Copy B—To Be Filed With Employee's FEDERAL Tax Return.			OMB No. 1545-0008	
a Employee's soc. sec. no. 610-95-5534	1 Wages, tips, other comp. 79573.66	2 Federal income tax withheld 10274.23		
b Employer ID number (EIN) 71-0162300	3 Social security wages	4 Social security tax withheld		
c Employer's name, address, and ZIP code Simmons Bank 501 South Main Street Pine Bluff, AR 71601	5 Medicare wages and tips	6 Medicare tax withheld		
d Control number SB Simmons				
e Employee's name, address, and ZIP code Durgesh Yadav 7820 W Capital Ave Apt#104 Little Rock, AR 72205				
7 Social security tips		8 Allocated tips	9	
10 Dependent care benefits		11 Nonqualified plans	12a Code See inst. for box 12 C 96.80	
13 Statutory employee	14 Other Retirement plan X Third-party sick pay			12b Code DD 4694.80
				12c Code
				12d Code
AR				12330240WHW
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	

Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008	
a Employee's soc. sec. no. 610-95-5534	1 Wages, tips, other comp. 79573.66	2 Federal income tax withheld 10274.23		
b Employer ID number (EIN) 71-0162300	3 Social security wages	4 Social security tax withheld		
c Employer's name, address, and ZIP code Simmons Bank 501 South Main Street Pine Bluff, AR 71601	5 Medicare wages and tips	6 Medicare tax withheld		
d Control number SB Simmons				
e Employee's name, address, and ZIP code Durgesh Yadav 7820 W Capital Ave Apt#104 Little Rock, AR 72205				
7 Social security tips		8 Allocated tips	9	
10 Dependent care benefits		11 Nonqualified plans	12a Code C 96.80	
13 Statutory employee	14 Other Retirement plan X Third-party sick pay			12b Code DD 4694.80
				12c Code
				12d Code
AR				12330240WHW
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	

Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury - IRS

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)			OMB No. 1545-0008	
a Employee's soc. sec. no. 610-95-5534	1 Wages, tips, other comp. 79573.66	2 Federal income tax withheld 10274.23		
b Employer ID number (EIN) 71-0162300	3 Social security wages	4 Social security tax withheld		
c Employer's name, address, and ZIP code Simmons Bank 501 South Main Street Pine Bluff, AR 71601	5 Medicare wages and tips	6 Medicare tax withheld		
d Control number SB Simmons				
e Employee's name, address, and ZIP code Durgesh Yadav 7820 W Capital Ave Apt#104 Little Rock, AR 72205				
7 Social security tips		8 Allocated tips	9	
10 Dependent care benefits		11 Nonqualified plans	12a Code See inst. for box 12 C 96.80	
13 Statutory employee	14 Other Retirement plan X Third-party sick pay			12b Code DD 4694.80
				12c Code
				12d Code
AR				12330240WHW
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	

Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury - IRS

This information is being furnished to the IRS. 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.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008	
a Employee's soc. sec. no. 610-95-5534	1 Wages, tips, other comp. 79573.66	2 Federal income tax withheld 10274.23		
b Employer ID number (EIN) 71-0162300	3 Social security wages	4 Social security tax withheld		
c Employer's name, address, and ZIP code Simmons Bank 501 South Main Street Pine Bluff, AR 71601	5 Medicare wages and tips	6 Medicare tax withheld		
d Control number SB Simmons				
e Employee's name, address, and ZIP code Durgesh Yadav 7820 W Capital Ave Apt#104 Little Rock, AR 72205				
7 Social security tips		8 Allocated tips	9	
10 Dependent care benefits		11 Nonqualified plans	12a Code C 96.80	
13 Statutory employee	14 Other Retirement plan X Third-party sick pay			12b Code DD 4694.80
				12c Code
				12d Code
AR				12330240WHW
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	

Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury - IRS

BW24UP NTF 2585243 **2 BW24UP**

Form W-2 Wage and Tax Statement 2023

c Employer's name, address, and ZIP code

GEORGIA INSTITUTE TECHNOLOGY
500 TECH PARKWAY
ATLANTA GA 30332

e Employee's name, address, and ZIP code

AAROHI VAIDYA
699 SPRING STREET NW
1408C
ATLANTA GA 30308

15 State Employer's state ID no.

GA 4369488YS

16 State wages, tips, etc.

4626.09

17 State income tax

49.00

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

This information is being furnished to the Internal Revenue Service.

OMB No. 1545-0008

Dept. of the Treasury - IRS

Visit the IRS Web Site 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 2023

c Employer's name, address, and ZIP code

GEORGIA INSTITUTE TECHNOLOGY
500 TECH PARKWAY
ATLANTA GA 30332

e Employee's name, address, and ZIP code

AAROHI VAIDYA
699 SPRING STREET NW
1408C
ATLANTA GA 30308

15 State Employer's state ID no.

GA 4369488YS

16 State wages, tips, etc.

4626.09

17 State income tax

49.00

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

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

OMB No. 1545-0008

Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement 2023

c Employer's name, address, and ZIP code

GEORGIA INSTITUTE TECHNOLOGY
500 TECH PARKWAY
ATLANTA GA 30332

e Employee's name, address, and ZIP code

AAROHI VAIDYA
699 SPRING STREET NW
1408C
ATLANTA GA 30308

15 State Employer's state ID no.

GA 4369488YS

16 State wages, tips, etc.

4626.09

17 State income tax

49.00

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 2023

c Employer's name, address, and ZIP code

GEORGIA INSTITUTE TECHNOLOGY
500 TECH PARKWAY
ATLANTA GA 30332

e Employee's name, address, and ZIP code

AAROHI VAIDYA
699 SPRING STREET NW
1408C
ATLANTA GA 30308

15 State Employer's state ID no.

GA 4369488YS

16 State wages, tips, etc.

4626.09

17 State income tax

49.00

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

L87

OMB No. 1545-0008

5206

Dept. of the Treasury - IRS

2022 W-2 and EARNINGS SUMMARY



Employee Reference Copy
W-2 Wage and Tax Statement 2022
 Copy C for employee's records
 OMB No. 1545-0008

d Control number 103750 PHIL/UZV	Dept. 000	Corp.	Employer use only T 411
-------------------------------------	-----------	-------	-------------------------

c Employer's name, address, and ZIP code

KPIT TECHNOLOGIES INC
21333 HAGGERTY RD STE100
NOVI MI 48375

Batch #01089

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

NETHRAVATHI SRINIVAS REDDY
1933 GOLFVIEW DRIVE
APT 203
TROY MI 48084

b Employer's FED ID number 83-0784802	a Employee's SSA number XXX-XX-4210
1 Wages, tips, other comp. 51402.88	2 Federal income tax withheld 4433.51
3 Social security wages 51402.88	4 Social security tax withheld 3186.98
5 Medicare wages and tips 51402.88	6 Medicare tax withheld 745.34
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 29.34
14 Other	12b 12c 12d 13 Stat emp Ret plan 3rd party sick pay
15 State MI Employer's state ID no. 83-0784802	16 State wages, tips, etc. 51402.88
17 State income tax 2183.40	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. 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	MI. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	51,373.54	51,373.54	51,373.54	51,373.54
Plus GTL (C-Box 12)	29.34	29.34	29.34	29.34
Reported W-2 Wages	51,402.88	51,402.88	51,402.88	51,402.88

2. Employee Name and Address.

NETHRAVATHI SRINIVAS REDDY
1933 GOLFVIEW DRIVE
APT 203
TROY MI 48084

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← Fold and Detach Here →

Federal Filing Copy
W-2 Wage and Tax Statement 2022
 OMB No. 1545-0008

MI. State Reference Copy
W-2 Wage and Tax Statement 2022
 OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

FOLD AND DETACH HERE

MI. State Filing Copy
W-2 Wage and Tax Statement 2022
 OMB No. 1545-0008

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

FOLD AND DETACH HERE

MI. State Filing Copy
W-2 Wage and Tax Statement 2022
 OMB No. 1545-0008

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

2023 W-2 and EARNINGS SUMMARY

Employee	Reference	Copy
W-2	Wage and Tax Statement	2023
Copy C for employee's records.		

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY	6,546.92	SOCIAL SECURITY	405.91
TAX WITHHELD		TAX WITHHELD	
BOX 04 OF W-2		BOX 04 OF W-2	
MEDICARE TAX		MEDICARE TAX	94.93
WITHHELD		WITHHELD	
BOX 06 OF W-2		BOX 06 OF W-2	
STATE INCOME TAX	175.00	SUI/SDI	0.00
BOX 17 OF W-2		BOX 14 OF W-2	
LOCAL INCOME TAX	0.00		
BOX 19 OF W-2			

d Control number Dept. Corp. Employer use only

0000004857 VMI 001 BU44 A 102081

c Employer's name, address, and ZIP code
SCMS ADMINISTRATIVE SERVICES INC
8125 SEDGWICK WAY
MEMPHIS, TN 38125

AGENT FOR COGNIZANT

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

MANIKANDAN ALAGAPPAN
1457 WESTMEADE DR
CHESTERFIELD, MO 63017-4644

b Employer's FED ID number a Employee's SSA number

62-1660982 **XXX-XX-0861**

1 Wages, tips, other comp.	2 Federal income tax withheld
6546.92	375.63
3 Social security wages	4 Social security tax withheld
6546.92	405.91
5 Medicare wages and tips	6 Medicare tax withheld
6546.92	94.93

7 Social security tips 8 Allocated tips

9 10 Dependent care benefits

11 Nonqualified plans 12a See instructions for box 12

12b	1
12c	1
12d	1
13 Stat emp	Ret. plan
3rd party sick pay	X

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

MO **16321120** **6546.92**

17 State income tax 18 Local wages, tips, etc.

175.00 **175.00**

19 Local income tax 20 Locality name

To change your employee W-4 profile information
file a new W-4 with your payroll department

Social Security Number: XXX-XX-0861

MANIKANDAN ALAGAPPAN
1457 WESTMEADE DR
CHESTERFIELD, MO 63017-4644

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PAGE 01 OF 01

1 Wages, tips, other comp.	2 Federal income tax withheld
6546.92	375.63
3 Social security wages	4 Social security tax withheld
6546.92	405.91
5 Medicare wages and tips	6 Medicare tax withheld
6546.92	94.93

d Control number	Dept.	Corp.	Employer use only
0000004857 VMI	001	BU44	A
102081			

c Employer's name, address, and ZIP code
SCMS ADMINISTRATIVE SERVICES INC
8125 SEDGWICK WAY
MEMPHIS, TN 38125

AGENT FOR COGNIZANT

b Employer's FED ID number a Employee's SSA number

62-1660982 **XXX-XX-0861**

7 Social security tips 8 Allocated tips

9 10 Dependent care benefits

11 Nonqualified plans 12a See instructions for box 12

12b	1
12c	1
12d	1
13 Stat emp	Ret. plan
3rd party sick pay	X

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

MANIKANDAN ALAGAPPAN
1457 WESTMEADE DR
CHESTERFIELD, MO 63017-4644

15 State Employer's state ID no.	16 State wages, tips, etc.
MO	16321120
16 State wages, tips, etc.	6546.92

17 State income tax 18 Local wages, tips, etc.

175.00 **175.00**

19 Local income tax 20 Locality name

Federal Filing Copy
W-2 Wage and Tax Statement **2023**
 OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp.	2 Federal income tax withheld
6546.92	375.63

3 Social security wages	4 Social security tax withheld
6546.92	405.91

5 Medicare wages and tips	6 Medicare tax withheld
6546.92	94.93

d Control number	Dept.	Corp.	Employer use only
0000004857 VMI	001	BU44	A
102081			

c Employer's name, address, and ZIP code
SCMS ADMINISTRATIVE SERVICES INC
8125 SEDGWICK WAY
MEMPHIS, TN 38125

AGENT FOR COGNIZANT

b Employer's FED ID number	a Employee's SSA number
62-1660982	XXX-XX-0861

7 Social security tips 8 Allocated tips

9 10 Dependent care benefits

11 Nonqualified plans 12a

12b	1
12c	1
12d	1
13 Stat emp	Ret. plan
3rd party sick pay	X

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

MANIKANDAN ALAGAPPAN
1457 WESTMEADE DR
CHESTERFIELD, MO 63017-4644

15 State Employer's state ID no.	16 State wages, tips, etc.
MO	16321120
16 State wages, tips, etc.	6546.92

17 State income tax 18 Local wages, tips, etc.

175.00 **175.00**

19 Local income tax 20 Locality name

MO. State Filing Copy
W-2 Wage and Tax Statement **2023**
 OMB No. 1545-0008

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

1 Wages, tips, other comp.	2 Federal income tax withheld
6546.92	375.63

3 Social security wages	4 Social security tax withheld
6546.92	405.91

5 Medicare wages and tips	6 Medicare tax withheld
6546.92	94.93

d Control number	Dept.	Corp.	Employer use only
0000004857 VMI	001	BU44	A
102081			

c Employer's name, address, and ZIP code
SCMS ADMINISTRATIVE SERVICES INC
8125 SEDGWICK WAY
MEMPHIS, TN 38125

AGENT FOR COGNIZANT

b Employer's FED ID number	a Employee's SSA number
62-1660982	XXX-XX-0861

7 Social security tips 8 Allocated tips

9 10 Dependent care benefits

11 Nonqualified plans 12a

12b	1
12c	1
12d	1
13 Stat emp	Ret. plan
3rd party sick pay	X

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

MANIKANDAN ALAGAPPAN
1457 WESTMEADE DR
CHESTERFIELD, MO 63017-4644

15 State Employer's state ID no.	16 State wages, tips, etc.
MO	16321120
16 State wages, tips, etc.	6546.92

17 State income tax 18 Local wages, tips, etc.

175.00 **175.00**

19 Local income tax 20 Locality name

City or Local Filing Copy
W-2 Wage and Tax Statement **2023**
 OMB No. 1545-0008

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

2023 W-2 and EARNINGS SUMMARY

Employee	Reference	Copy
W-2	Wage and Tax Statement	2023 OMB No. 1545-0008
Copy C for employee's records.		

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

d Control number 0000005213 VG5	Dept.	Corp.	Employer use only YBFS	1890
c Employer's name, address, and ZIP code INTUIT INC PO BOX 391805 MOUNTAIN VIEW, CA 94039-7850				
e/f Employee's name, address, and ZIP code MANISH KHANDELWAL 718 OLD SAN FRANCISCO ROAD APT 166 SUNNYVALE, CA 94086				
b Employer's FED ID number 77-0034661	a Employee's SSA number XXX-XX-1716			
1 Wages, tips, other comp. 525231.63	2 Federal income tax withheld 134033.19			
3 Social security wages 160200.00	4 Social security tax withheld 9932.40			
5 Medicare wages and tips 539481.35	6 Medicare tax withheld 10877.81			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits 2909.59			
11 Nonqualified plans	12a See instructions for box 12 C 513.60			
14 Other	DI P.P.# ZA003139 1225.31 CA VPDI 5.99 FLI 42.46 UI/HC/WD	12b D 15746.32	12c W 1500.00	12d DD 16847.16
15 State	Employer's state ID no. TOTAL STATE	16 State wages, tips, etc.		
17 State income tax 48892.66	18 Local wages, tips, etc.			
19 Local income tax	20 Locality name			

GROSS PAY	545,360.54	SOCIAL SECURITY	9,932.40
FED. INCOME	134,033.19	TAX WITHHELD	
TAX WITHHELD		BOX 04 OF W-2	
BOX 02 OF W-2		MEDICARE TAX	10,877.81
		WITHHELD	
		BOX 06 OF W-2	
STATE INCOME TAX	48,892.66	SUI/SDI	42.46
BOX 17 OF W-2	0.00	BOX 14 OF W-2	
LOCAL INCOME TAX			
BOX 19 OF W-2			

To change your employee W-4 profile information
file a new W-4 with your payroll department

Social Security Number: XXX-XX-1716

MANISH KHANDELWAL
718 OLD SAN FRANCISCO ROAD
APT 166
SUNNYVALE, CA 94086

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PAGE 01 OF 02

1 Wages, tips, other comp. 525231.63	2 Federal income tax withheld 134033.19			
3 Social security wages 160200.00	4 Social security tax withheld 9932.40			
5 Medicare wages and tips 539481.35	6 Medicare tax withheld 10877.81			
d Control number 0000005213 VG5	Dept.	Corp.	Employer use only YBFS	1890
c Employer's name, address, and ZIP code INTUIT INC PO BOX 391805 MOUNTAIN VIEW, CA 94039-7850				
b Employer's FED ID number 77-0034661	a Employee's SSA number XXX-XX-1716			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits 2909.59			
11 Nonqualified plans	12a See instructions for box 12 C 513.60			
14 Other	DI P.P.# ZA003139 1225.31 CA VPDI 5.99 FLI 42.46 UI/HC/WD	12b D 15746.32	12c W 1500.00	12d DD 16847.16
15 State	Employer's state ID no. TOTAL STATE	16 State wages, tips, etc.		
17 State income tax 48892.66	18 Local wages, tips, etc.			
19 Local income tax	20 Locality name			
e/f Employee's name, address and ZIP code MANISH KHANDELWAL 718 OLD SAN FRANCISCO ROAD APT 166 SUNNYVALE, CA 94086				
15 State	Employer's state ID no. CA 311-3327 5	16 State wages, tips, etc. 518486.40		
17 State income tax 48892.66	18 Local wages, tips, etc. 48336.27	19 Local income tax	20 Locality name	
Federal Filing Copy				
W-2	Wage and Tax Statement	2023 OMB No. 1545-0008		
Copy B to be filed with employee's Federal Income Tax Return.				

1 Wages, tips, other comp. 525231.63	2 Federal income tax withheld 134033.19	1 Wages, tips, other comp. 525231.63	2 Federal income tax withheld 134033.19
3 Social security wages 160200.00	4 Social security tax withheld 9932.40	3 Social security wages 160200.00	4 Social security tax withheld 9932.40
5 Medicare wages and tips 539481.35	6 Medicare tax withheld 10877.81	5 Medicare wages and tips 539481.35	6 Medicare tax withheld 10877.81
d Control number 0000005213 VG5	Dept.	Corp.	Employer use only YBFS
c Employer's name, address, and ZIP code INTUIT INC PO BOX 391805 MOUNTAIN VIEW, CA 94039-7850			
b Employer's FED ID number 77-0034661	a Employee's SSA number XXX-XX-1716		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits 2909.59		
11 Nonqualified plans	12a See instructions for box 12 C 513.60		
14 Other	DI P.P.# ZA003139 1225.31 CA VPDI 5.99 FLI 42.46 UI/HC/WD	12b D 15746.32	12c W 1500.00
15 State	Employer's state ID no. CA 311-3327 5	16 State wages, tips, etc. 518486.40	17 State income tax 48336.27
17 State income tax 48892.66	18 Local wages, tips, etc. 48336.27	19 Local income tax	20 Locality name
e/f Employee's name, address and ZIP code MANISH KHANDELWAL 718 OLD SAN FRANCISCO ROAD APT 166 SUNNYVALE, CA 94086			
15 State	Employer's state ID no. CA 311-3327 5	16 State wages, tips, etc. 518486.40	17 State income tax 48336.27
17 State income tax 48892.66	18 Local wages, tips, etc. 48336.27	19 Local income tax	20 Locality name
CA. State Reference Copy			
W-2	Wage and Tax Statement	2023 OMB No. 1545-0008	
Copy 2 to be filed with employee's State Income Tax Return.			

1 Wages, tips, other comp. 525231.63	2 Federal income tax withheld 134033.19	1 Wages, tips, other comp. 525231.63	2 Federal income tax withheld 134033.19
3 Social security wages 160200.00	4 Social security tax withheld 9932.40	3 Social security wages 160200.00	4 Social security tax withheld 9932.40
5 Medicare wages and tips 539481.35	6 Medicare tax withheld 10877.81	5 Medicare wages and tips 539481.35	6 Medicare tax withheld 10877.81
d Control number 0000005213 VG5	Dept.	Corp.	Employer use only YBFS
c Employer's name, address, and ZIP code INTUIT INC PO BOX 391805 MOUNTAIN VIEW, CA 94039-7850			
b Employer's FED ID number 77-0034661	a Employee's SSA number XXX-XX-1716		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits 2909.59		
11 Nonqualified plans	12a See instructions for box 12 C 513.60		
14 Other	DI P.P.# ZA003139 1225.31 CA VPDI 5.99 FLI 42.46 UI/HC/WD	12b D 15746.32	12c W 1500.00
15 State	Employer's state ID no. CA 311-3327 5	16 State wages, tips, etc. 518486.40	17 State income tax 48336.27
17 State income tax 48892.66	18 Local wages, tips, etc. 48336.27	19 Local income tax	20 Locality name
e/f Employee's name, address and ZIP code MANISH KHANDELWAL 718 OLD SAN FRANCISCO ROAD APT 166 SUNNYVALE, CA 94086			
15 State	Employer's state ID no. CA 311-3327 5	16 State wages, tips, etc. 518486.40	17 State income tax 48336.27
17 State income tax 48892.66	18 Local wages, tips, etc. 48336.27	19 Local income tax	20 Locality name
CA. State Filing Copy			
W-2	Wage and Tax Statement	2023 OMB No. 1545-0008	
Copy 2 to be filed with employee's State Income Tax Return.			

Copy B—To Be Filed With Employee's FEDERAL Tax Return.			OMB No. 1545-0008
a Employee's soc. sec. no. 785-11-8335	1 Wages, tips, other comp. 709.04	2 Federal income tax withheld 709.04	
b Employer ID number (EIN) 208913946	3 Social security wages 694.76	4 Social security tax withheld 43.97	
	5 Medicare wages and tips 709.04	6 Medicare tax withheld 10.28	
c Employer's name, address, and ZIP code Chipotle Services, LLC 610 Newport Center Drive Suite 1300 Newport Beach, CA 92660			
d Control number			
e Employee's name, address, and ZIP code Tamalika Sengupta 1704 Frost Lane Naperville, IL 60564			
7 Social security tips 14.28		8 Allocated tips 9	
10 Dependent care benefits		11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee	14 Other Retirement plan Third-party sick pay		
		12b Code 12c Code 12d Code	
IL	2089139460009	709.04	35.10
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

Form W-2 Wage and Tax Statement **2024** **Dept. of the Treasury - IRS**

This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008
a Employee's soc. sec. no. 785-11-8335	1 Wages, tips, other comp. 709.04	2 Federal income tax withheld 709.04	
b Employer ID number (EIN) 208913946	3 Social security wages 694.76	4 Social security tax withheld 43.97	
	5 Medicare wages and tips 709.04	6 Medicare tax withheld 10.28	
c Employer's name, address, and ZIP code Chipotle Services, LLC 610 Newport Center Drive Suite 1300 Newport Beach, CA 92660			
d Control number			
e Employee's name, address, and ZIP code Tamalika Sengupta 1704 Frost Lane Naperville, IL 60564			
7 Social security tips 14.28		8 Allocated tips 9	
10 Dependent care benefits		11 Nonqualified plans	12a Code
13 Statutory employee	14 Other Retirement plan Third-party sick pay		
		12b Code 12c Code 12d Code	
IL	2089139460009	709.04	35.10
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

Form W-2 Wage and Tax Statement **2024** **Dept. of the Treasury - IRS**

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)			OMB No. 1545-0008
a Employee's soc. sec. no. 785-11-8335	1 Wages, tips, other comp. 709.04	2 Federal income tax withheld 709.04	
b Employer ID number (EIN) 208913946	3 Social security wages 694.76	4 Social security tax withheld 43.97	
	5 Medicare wages and tips 709.04	6 Medicare tax withheld 10.28	
c Employer's name, address, and ZIP code Chipotle Services, LLC 610 Newport Center Drive Suite 1300 Newport Beach, CA 92660			
d Control number			
e Employee's name, address, and ZIP code Tamalika Sengupta 1704 Frost Lane Naperville, IL 60564			
7 Social security tips 14.28		8 Allocated tips 9	
10 Dependent care benefits		11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee	14 Other Retirement plan Third-party sick pay		
		12b Code 12c Code 12d Code	
IL	2089139460009	709.04	35.10
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

Form W-2 Wage and Tax Statement **2024** **Dept. of the Treasury - IRS**

This information is being furnished to the IRS. 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.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008
a Employee's soc. sec. no. 785-11-8335	1 Wages, tips, other comp. 709.04	2 Federal income tax withheld 709.04	
b Employer ID number (EIN) 208913946	3 Social security wages 694.76	4 Social security tax withheld 43.97	
	5 Medicare wages and tips 709.04	6 Medicare tax withheld 10.28	
c Employer's name, address, and ZIP code Chipotle Services, LLC 610 Newport Center Drive Suite 1300 Newport Beach, CA 92660			
d Control number			
e Employee's name, address, and ZIP code Tamalika Sengupta 1704 Frost Lane Naperville, IL 60564			
7 Social security tips 14.28		8 Allocated tips 9	
10 Dependent care benefits		11 Nonqualified plans	12a Code
13 Statutory employee	14 Other Retirement plan Third-party sick pay		
		12b Code 12c Code 12d Code	
IL	2089139460009	709.04	35.10
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

Form W-2 Wage and Tax Statement **2024** **Dept. of the Treasury - IRS**

BW24UP NTF 2586385 **4 BW24UP**

22222	a Employee's social security number 473-49-2437	OMB No. 1545-0008				
b Employer identification number (EIN) 99-0480612			1 Wages, tips, other compensation 15837.30	2 Federal income tax withheld 587.54		
c Employer's name, address, and ZIP code SREEJI WIRELESS FL INC 7924 RUTILLIO COURT NEW PORT RICHEY FL 34653			3 Social security wages 15837.30	4 Social security tax withheld 981.91		
			5 Medicare wages and tips 15837.30	6 Medicare tax withheld 229.64		
			7 Social security tips	8 Allocated tips		
d Control number			9	10 Dependent care benefits		
e Employee's first name and initial LEELA GANNI 12422 STREAMDATE DR TAMPA FL 33626			Suff.	11 Nonqualified plans	12a	
				13 Statutory employee Retirement plan Third-party sick pay	12b	
				14 Other	12c	
					12d	
f Employee's address and ZIP code						
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	

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2024

Department of the Treasury—Internal Revenue Service

	a Employee's social security number 473-49-2437	Safe, accurate, FAST! Use  Visit the IRS website at www.irs.gov/efile .				
b Employer identification number (EIN) 99-0480612			1 Wages, tips, other compensation 15837.30	2 Federal income tax withheld 587.54		
c Employer's name, address, and ZIP code SREEJI WIRELESS FL INC 7924 RUTILLIO COURT NEW PORT RICHEY FL 34653			3 Social security wages 15837.30	4 Social security tax withheld 981.91		
			5 Medicare wages and tips 15837.30	6 Medicare tax withheld 229.64		
			7 Social security tips	8 Allocated tips		
d Control number			9	10 Dependent care benefits		
e Employee's first name and initial LEELA GANNI 12422 STREAMDATE DR TAMPA FL 33626			Suff.	11 Nonqualified plans	12a See instructions for box 12	
				13 Statutory employee Retirement plan Third-party sick pay	12b	
				14 Other	12c	
					12d	
f Employee's address and ZIP code						
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	

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

2024

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Employee Reference Copy	Wage and Tax Statement	2024
Copy C for employee's records.		
d Control number 209137	Dept. CLI2/CNL	Corp. DC0063
Employer use only T		
c Employer's name, address, and ZIP code COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845		
Batch #01964		
e/f Employee's name, address, and ZIP code MANIKANDAN ALAGAPPAN 211 QUALITY CIR SUITE 150 COGNIZANT TECHNOLOGY SOLUTIONS COLLEGE STATION TX 77845-4470		
b Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-0861	
1 Wages, tips, other comp. 89239.83	2 Federal income tax withheld 11101.62	
3 Social security wages 94811.99	4 Social security tax withheld 5878.34	
5 Medicare wages and tips 94811.99	6 Medicare tax withheld 1374.77	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 C 137.81	
14 Other	12b D 5572.16	
	12c DDI 4935.48	
	12d	
	13 Stat emp Ret. plan 3rd party sick pay X	
15 State Employer's state ID no. TOTAL STATE	16 State wages, tips, etc.	
17 State income tax 4415.89	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. 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	IL. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	95 ,097 .98	95 ,097 .98	95 ,097 .98	94 ,260 .67
Plus GTL (C-Box 12)	137 .81	137 .81	137 .81	137 .81
Less 401(k) (D-Box 12)	5 ,572 .16	N/A	N/A	5 ,572 .16
Less Other Cafeteria 125	423 .80	423 .80	423 .80	423 .80
Reported W-2 Wages	89,239.83	94,811.99	94,811.99	88,402.52

2. Employee Name and Address.

**MANIKANDAN ALAGAPPAN
211 QUALITY CIR SUITE 150
COGNIZANT TECHNOLOGY SOLUTIONS
COLLEGE STATION TX 77845-4470**

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1 Wages, tips, other comp. 89239.83	2 Federal income tax withheld 11101.62	
3 Social security wages 94811.99	4 Social security tax withheld 5878.34	
5 Medicare wages and tips 94811.99	6 Medicare tax withheld 1374.77	
d Control number 209137	Dept. CLI2/CNL	Corp. DC0063
Employer use only T		
c Employer's name, address, and ZIP code COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845		
b Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-0861	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 C 137.81	
14 Other	12b D 5572.16	
	12c DD 4935.48	
	12d	
	13 Stat emp Ret. plan 3rd party sick pay X	
e/f Employee's name, address and ZIP code MANIKANDAN ALAGAPPAN 211 QUALITY CIR SUITE 150 COGNIZANT TECHNOLOGY SOLUTIONS COLLEGE STATION TX 77845-4470		
15 State Employer's state ID no. TOTAL STATE	16 State wages, tips, etc.	
17 State income tax 4415.89	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	
Federal Filing Copy	Wage and Tax Statement	2024
W-2 Wage and Tax Statement OMB No. 1545-0008		
Copy B to be filed with employee's Federal Income Tax Return.		

1 Wages, tips, other comp. 89239.83	2 Federal income tax withheld 11101.62	
3 Social security wages 94811.99	4 Social security tax withheld 5878.34	
5 Medicare wages and tips 94811.99	6 Medicare tax withheld 1374.77	
d Control number 209137	Dept. CLI2/CNL	Corp. DC0063
Employer use only T		
c Employer's name, address, and ZIP code COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845		
b Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-0861	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 C 137.81	
14 Other	12b D 5572.16	
	12c DD 4935.48	
	12d	
	13 Stat emp Ret. plan 3rd party sick pay X	
e/f Employee's name, address and ZIP code MANIKANDAN ALAGAPPAN 211 QUALITY CIR SUITE 150 COGNIZANT TECHNOLOGY SOLUTIONS COLLEGE STATION TX 77845-4470		
15 State Employer's state ID no. IL 13-3924155 000 4	16 State wages, tips, etc. 88402.52	
17 State income tax 4375.89	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	
IL.State Reference Copy	Wage and Tax Statement	2024
W-2 Wage and Tax Statement OMB No. 1545-0008		
Copy 2 to be filed with employee's State Income Tax Return.		

1 Wages, tips, other comp. 89239.83	2 Federal income tax withheld 11101.62	
3 Social security wages 94811.99	4 Social security tax withheld 5878.34	
5 Medicare wages and tips 94811.99	6 Medicare tax withheld 1374.77	
d Control number 209137	Dept. CLI2/CNL	Corp. DC0063
Employer use only T		
c Employer's name, address, and ZIP code COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845		
b Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-0861	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 C 137.81	
14 Other	12b D 5572.16	
	12c DD 4935.48	
	12d	
	13 Stat emp Ret. plan 3rd party sick pay X	
e/f Employee's name, address and ZIP code MANIKANDAN ALAGAPPAN 211 QUALITY CIR SUITE 150 COGNIZANT TECHNOLOGY SOLUTIONS COLLEGE STATION TX 77845-4470		
15 State Employer's state ID no. IL 13-3924155 000 4	16 State wages, tips, etc. 88402.52	
17 State income tax 4375.89	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	
IL.State Filing Copy	Wage and Tax Statement	2024
W-2 Wage and Tax Statement OMB No. 1545-0008		
Copy 2 to be filed with employee's State Income Tax Return.		

Form W-2 Wage and Tax Statement 2022

				Copy C, for employee's records			
c Employer's name, address, and ZIP code DOTCOM TEAM LLC 325 WOOD RD STE 103 BRAINTREE MA 02184				d Control number 0940-Y411ZE72 0000000845 - PAYROL		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008
				b Employer identification number (EIN)	a Employee's social security number 86-0973809 283-93-5919		
e Employee's name, address, and ZIP code ANOOP ANAND 482 APPLE DR EXTON PA 19341				13 Statutory employee	Retirement plan	Third-party sick pay	1 Wages, tips, other compensation 193268.00 2 Federal income tax withheld 20568.64
				12 See instructions for box 12	14 Other PASUI	116.01	3 Social security wages 147000.00 4 Social security tax withheld 9114.00
				5 Medicare wages and tips 193268.00 6 Medicare tax withheld 2802.39	7 Social Security Tips 8 Allocated Tips		
				10 Dependent care benefits 11 Nonqualified plans			
15 State PA	Employer's state ID number 93191363	16 State wages, tips, etc. 193268.00	17 State income tax 5933.27	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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 2022

				Copy B, to be filed with employee's FEDERAL tax return			
c Employer's name, address, and ZIP code DOTCOM TEAM LLC 325 WOOD RD STE 103 BRAINTREE MA 02184				d Control number 0940-Y411ZE72 0000000845 - PAYROL		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008
				b Employer identification number (EIN)	a Employee's social security number 86-0973809 283-93-5919		
e Employee's name, address, and ZIP code ANOOP ANAND 482 APPLE DR EXTON PA 19341				13 Statutory employee	Retirement plan	Third-party sick pay	1 Wages, tips, other compensation 193268.00 2 Federal income tax withheld 20568.64
				12 See instructions for box 12	14 Other PASUI	116.01	3 Social security wages 147000.00 4 Social security tax withheld 9114.00
				5 Medicare wages and tips 193268.00 6 Medicare tax withheld 2802.39	7 Social Security Tips 8 Allocated Tips		
				10 Dependent care benefits 11 Nonqualified plans			
15 State PA	Employer's state ID number 93191363	16 State wages, tips, etc. 193268.00	17 State income tax 5933.27	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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 2022

				Copy 2, to be filed with employee's tax return for PA			
c Employer's name, address, and ZIP code DOTCOM TEAM LLC 325 WOOD RD STE 103 BRAINTREE MA 02184				d Control number 0940-Y411ZE72 0000000845 - PAYROL		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008
				b Employer identification number (EIN)	a Employee's social security number 86-0973809 283-93-5919		
e Employee's name, address, and ZIP code ANOOP ANAND 482 APPLE DR EXTON PA 19341				13 Statutory employee	Retirement plan	Third-party sick pay	1 Wages, tips, other compensation 193268.00 2 Federal income tax withheld 20568.64
				12 See instructions for box 12	14 Other PASUI	116.01	3 Social security wages 147000.00 4 Social security tax withheld 9114.00
				5 Medicare wages and tips 193268.00 6 Medicare tax withheld 2802.39	7 Social Security Tips 8 Allocated Tips		
				10 Dependent care benefits 11 Nonqualified plans			
15 State PA	Employer's state ID number 93191363	16 State wages, tips, etc. 193268.00	17 State income tax 5933.27	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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 2022

				Copy 2, to be filed with employee's tax return for PA			
c Employer's name, address, and ZIP code DOTCOM TEAM LLC 325 WOOD RD STE 103 BRAINTREE MA 02184				d Control number 0940-Y411ZE72 0000000845 - PAYROL		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008
				b Employer identification number (EIN)	a Employee's social security number 86-0973809 283-93-5919		
e Employee's name, address, and ZIP code ANOOP ANAND 482 APPLE DR EXTON PA 19341				13 Statutory employee	Retirement plan	Third-party sick pay	1 Wages, tips, other compensation 193268.00 2 Federal income tax withheld
				12 See instructions for box 12	14 Other	116.01	3 Social security wages 147000.00 4 Social security tax withheld 9114.00
				5 Medicare wages and tips 193268.00 6 Medicare tax withheld	7 Social Security Tips 8 Allocated Tips		
				10 Dependent care benefits 11 Nonqualified plans			
15 State PA	Employer's state ID number 93191363	16 State wages, tips, etc. 193268.00	17 State income tax 5933.27	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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.

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 2022 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 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/EITC. See also 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.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

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.

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 the 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 with adequate records 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. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

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 your employer's plan limit is also included in box 1. See Form 2441.

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 and/or box 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, 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 \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$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 Form 1040 instructions.

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 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the 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

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 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 may also 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 2022 and more than \$9,114 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. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See 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 Form 1040 instructions 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 figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the 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 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 filing 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.

1 Wages, tips, other compensation 38536.93		2 Federal Income tax withheld 3131.32	
3 Social security wages 42195.56		4 Social security tax withheld 2616.12	
5 Medicare wages and tips 42195.56		6 Medicare tax withheld 611.84	
c Employer's name, address and ZIP code FCA US LLC 1000 CHRYSLER DRIVE AUBURN HILLS MI 48326-2766			
10 Dependent care benefits C 71.84		11 Nonqualified plans D 3658.63	
12a See instructions for box 12 C 71.84		12b D 3658.63	
12d		12e	
b Employer's identification number 27-0187394		d Employee's social security number 882-78-4210	
13 Statutory employee plan X		14 Other sick pay	
e Employee's name NETHRAVATHI SRINIVAS REDDY 1933 Golfview Dr APT 203 Troy MI 48084-3934		f Employee's address and ZIP code	
15 State 2022 MI		Employer's state I.D. number 27-0187394	
16 State wages, tips, etc. 38536.93			
17 State income tax W2 1563.94		18 Local wages, tips, etc. 1563.94	
19 Local income tax		20 Locality Name	
OMB No. 1545-0008			

1 Wages, tips, other compensation 38536.93		2 Federal Income tax withheld 3131.32	
3 Social security wages 42195.56		4 Social security tax withheld 2616.12	
5 Medicare wages and tips 42195.56		6 Medicare tax withheld 611.84	
c Employer's name, address and ZIP code FCA US LLC 1000 CHRYSLER DRIVE AUBURN HILLS MI 48326-2766			
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13 Statutory employee plan X		14 Other sick pay	
e Employee's name NETHRAVATHI SRINIVAS REDDY 1933 Golfview Dr APT 203 Troy MI 48084-3934		f Employee's address and ZIP code	
15 State 2022 MI		Employer's state I.D. number 27-0187394	
16 State wages, tips, etc. 38536.93			
17 State income tax W2 1563.94		18 Local wages, tips, etc. 1563.94	
19 Local income tax		20 Locality Name	
OMB No. 1545-0008			

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13 Statutory employee plan X		14 Other sick pay	
e Employee's name NETHRAVATHI SRINIVAS REDDY 1933 Golfview Dr APT 203 Troy MI 48084-3934		f Employee's address and ZIP code	
15 State 2022 MI		Employer's state I.D. number 27-0187394	
16 State wages, tips, etc. 38536.93			
17 State income tax W2 1563.94		18 Local wages, tips, etc. 1563.94	
19 Local income tax		20 Locality Name	
OMB No. 1545-0008			

1 Wages, tips, other compensation 38536.93		2 Federal Income tax withheld 3131.32	
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10 Dependent care benefits C 71.84		11 Nonqualified plans D 3658.63	
12a See instructions for box 12 C 71.84		12b D 3658.63	
12d		12e	
b Employer's identification number 27-0187394		d Employee's social security number 882-78-4210	
13 Statutory employee plan X		14 Other sick pay	
e Employee's name NETHRAVATHI SRINIVAS REDDY 1933 Golfview Dr APT 203 Troy MI 48084-3934		f Employee's address and ZIP code	
15 State 2022 MI		Employer's state I.D. number 27-0187394	
16 State wages, tips, etc. 38536.93			
17 State income tax W2 1563.94		18 Local wages, tips, etc. 1563.94	
19 Local income tax		20 Locality Name	
OMB No. 1545-0008			

QUESTION? CALL 877-827-7744



FIAT CHRYSLER AUTOMOBILES

CIMS 485-12-22,
1000 CHRYSLER DR,
AUBURN HILLS, MI 48326-2766

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
PERMIT #2655
DETROIT, MI

12506932 2129388
NETHRAVATHI SRINIVAS REDDY
1933 Golfview Dr
APT 203
Troy MI 48084-3934

A
UMT

NOTICE TO EMPLOYEE

The wage and tax information shown on this form is being submitted to the IRS and appropriate State and Local Authorities. File Copy B with your Federal tax return and attach provided copies to your State and/or Local return.

Earned Income Credit (EIC) – For 2022, if you earned less than \$16,480 and have no qualifying children, if you earned less than \$43,492 and have one qualifying child, if you earned less than \$49,399 and have two or more qualifying children, or if you earned less than \$53,057 and have three or more qualifying children you may qualify for the earned income credit.
(Note: If married filing jointly, all maximums are increased by (\$6,130). You cannot claim EIC if your investment income is more than \$10,300. Any EIC that is more than your tax liability is refunded to you only if you file a tax return. See your Forms 1040 instructions and Pub. 596 for more details on the EIC. You can get the instructions and publications by calling toll-free 1-800-TAX-FORM.

Credit for Excess Tax – If more than one employer paid you wages during 2022 and more than the maximum social security employee tax of \$9114 was withheld; you may claim the excess as a credit against your Federal income tax. See tax return instructions.

Box 10 – This amount is the total dependent care benefits your employer provided you, including spending account contributions. Any amount over \$10,500 is also included in Box 1. See tax instructions for Form 1040.

Box 11 – This amount is a distribution from a non-qualified deferred compensation plan and is included in Box 1. Or it may be a contribution by your employer to a non-qualified plan that is included in Box 3 and/or Box 5.

Box 12 – If there is an amount in this box; it will be accompanied by a code. Code explanations are:

- (C) Taxable cost of group term life insurance coverage over \$50,000 (included in Box 1, 3 (up to social security wage base), and 5).
- (D) Deferred pay contributions (Section 401k)
- (M) Uncollected social security tax on taxable cost of group term life insurance over \$50,000 (retirees only, see form 1040 instructions).
- (N) Uncollected Medicare tax on taxable cost of group term life insurance over \$50,000 (retirees only, see form 1040 instructions).
- (V) Income from exercise of nonstatutory stock option (included in Box 1, 3 (up to social security wage base), and 5. See Pub. 525)
- (W) Employer and Employee contributed HSA amounts.
- (AA) Designated Roth contributions under a section 401(k) plan.
- (DD) Cost of employer-sponsored health coverage

Box 13 - Retirement Plan. If this box is marked X, special limits may apply to the amount of IRA contributions you may deduct on your return (SEE YOUR TAX ADVISOR). See Pub. 590-A

2022 W-2 and EARNINGS SUMMARY



Employee Reference Copy W-2 Wage and Tax Statement 2022 <small>OMB No. 1545-0008</small>			
Copy C for employee's records.			
d Control number 103750 PHIL/UZV	Dept. 000	Corp.	Employer use only T 411

c Employer's name, address, and ZIP code KPIT TECHNOLOGIES INC 21333 HAGGERTY RD STE100 NOVI MI 48375			
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Batch #01089

e/f Employee's name, address, and ZIP code NETHRAVATHI SRINIVAS REDDY 1933 GOLFVIEW DRIVE APT 203 TROY MI 48084			
b Employer's FED ID number 83-0784802	a Employee's SSA number XXX-XX-4210		
1 Wages, tips, other comp. 51402.88	2 Federal income tax withheld 4433.51		
3 Social security wages 51402.88	4 Social security tax withheld 3186.98		
5 Medicare wages and tips 51402.88	6 Medicare tax withheld 745.34		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 29.34		
14 Other	12b 12c 12d		
15 State MI	Employer's state ID no. 83-0784802	16 State wages, tips, etc. 51402.88	
17 State income tax	2183.40	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name		

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. 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	MI. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	51,373.54	51,373.54	51,373.54	51,373.54
Plus GTL (C-Box 12)	29.34	29.34	29.34	29.34
Reported W-2 Wages	51,402.88	51,402.88	51,402.88	51,402.88

2. Employee Name and Address.

NETHRAVATHI SRINIVAS REDDY
1933 GOLFVIEW DRIVE
APT 203
TROY MI 48084

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11 Nonqualified plans	12a See instructions for box 12 C 29.34		
14 Other	12b 12c 12d		
13 Stat emp. Ret. plan	3rd party sick pay		

e/f Employee's name, address and ZIP code NETHRAVATHI SRINIVAS REDDY 1933 GOLFVIEW DRIVE APT 203 TROY MI 48084			
15 State MI	Employer's state ID no. 83-0784802	16 State wages, tips, etc. 51402.88	
17 State income tax	2183.40	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name		

Federal Filing Copy W-2 Wage and Tax Statement 2022 <small>OMB No. 1545-0008</small>			
Copy B to be filed with employee's Federal Income Tax Return.			

1 Wages, tips, other comp. 51402.88	2 Federal income tax withheld 4433.51
3 Social security wages 51402.88	4 Social security tax withheld 3186.98
5 Medicare wages and tips 51402.88	6 Medicare tax withheld 745.34
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7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a C 29.34		
14 Other	12b 12c 12d		
13 Stat emp. Ret. plan	3rd party sick pay		

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17 State income tax	2183.40	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name		

MI. State Reference Copy W-2 Wage and Tax Statement 2022 <small>OMB No. 1545-0008</small>			
Copy 2 to be filed with employee's State Income Tax Return.			

1 Wages, tips, other comp. 51402.88	2 Federal income tax withheld 4433.51
3 Social security wages 51402.88	4 Social security tax withheld 3186.98
5 Medicare wages and tips 51402.88	6 Medicare tax withheld 745.34
d Control number 103750 PHIL/UZV	Dept. 000 Corp. Employer use only T 411

c Employer's name, address, and ZIP code KPIT TECHNOLOGIES INC 21333 HAGGERTY RD STE100 NOVI MI 48375			
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MI. State Filing Copy W-2 Wage and Tax Statement 2022 <small>OMB No. 1545-0008</small>			
Copy 2 to be filed with employee's State Income Tax Return.			

FOLD AND DETACH HERE

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