Safe, accurate, Visit the IRS Web Site FAST! Use at www.irs.gov/efile. **Employee** Reference Copy Wage and Tax Statement Copy C for employee's reco Control number Corp. Employer use only 075918 73/MR4 360000 Employer's name, address, and ZIP code SATYAM COMPUTER SERVICES LTD 8500 LEESBURG PIKE 202 VIENNA VA 22182 Batch #05157 e/f Employee's name, address, and ZIP code **ABHINAV SINGHAL** 1 RIVER COURT **APT # 1110** JERSEY CITY,NJ 07310 Employer's FED ID number a Employee's SSA number 23-2708334 011-90-4456 ages, tips, other comp Federal income tax withheld 16045.71 3218.27 Social security wages Social security tax withheld 16531.03 1024.91 Medicare wages and tips 6 Medicare tax withheld 16531.03 239.70 Social security tips 8 Allocated tips Advance EIC payment 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 D 485.32 12b 14 Other 5 16 SDI 12d 13 Stat emp Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. NY 23-2708334 16045.71 18 Local wages, tips, etc. 952.04 19 Local income tax 20 Locality name

Wages, tips, other comp. 16045.71		2 Federal income tax withheld 3218.27				
3 Social security wages 16531.03		4 Social security tax withheld 1024.91				
5	5 Medicare wages and tips 16531.03		6 Medicare tax withheld 239.70			
d	Control number	Dept.	Corp.	Emplo	yer use only	
075918 73/MR4 360000			Т	5341		
С	c Employer's name, address, and ZIP code					
	SATYAM COMPUTER SERVICES					

SATYAM COMPUTER SERVICES LTD 8500 LEESBURG PIKE 202 VIENNA VA 22182

b	Employer's FED ID number 23-2708334	a Empl	oyee's SSA number 011-90-4456		
7	Social security tips	8 Alloc	ated tips		
9	Advance EIC payment	10 Depe	ndent care benefits		
11	Nonqualified plans	12a See D	instructions for box 12 485.32	2	
14	Other	12b	1		
	5.16 SDI	12c			
		12d	1		
		13 Stat em	np. Ret. plan 3rd party sick	oay	
e/f	e/f Employee's name, address and ZIP code				

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

ABHINAV SINGHAL 1 RIVER COURT APT # 1110 JERSEY CITY,NJ 07310

15 State NY	Employer's state ID no. 23-2708334	. 16 State wages, tips, etc. 16045.71
17 State	income tax 952.04	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name
	Federal Fili	ing Copy

W-2 Wage and Tax 2009
Statement OMB No. 1545-0

2009 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2009 pay stub plus any adjustments submitted by your employer.

1024.91 NY. State Income Tax **Gross Pay** 16711.03 **Social Security** 952.04 Tax Withheld Box 17 of W-2 Box 4 of W-2 SUI/SDI 5.16 Box 14 of W-2 Fed. Income 3218.27 **Medicare Tax** 239.70 Tax Withheld Withheld Box 2 of W-2 Box 6 of W-2

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

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY. State Wages, Tips, Etc. Box 16 of W-2
GrossPay	16,711.03	16,711.03	16,711.03	16,711.03
Less 401(k)(D-Box12)	485.32	N/A	N/A	485.32
Less OtherCafe 125	180.00	180.00	180.00	180.00
Reported W-2 Wages	16,045.71	16,531.03	16,531.03	16,045.71

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

ABHINAV SINGHAL 1 RIVER COURT APT # 1110 JERSEY CITY,NJ 07310

Social Security Number:011-90-4456 Taxable Marital Status: SINGLE Exemptions/Allowances:

FEDERAL: 1 STATE: 1

© 2009 ADP, INC.

1	1 Wages, tips, other comp. 16045.71			2 Federal income tax withheld 3218.27		
3	3 Social security wages 16531.03			4 Social security tax withheld 1024.91		
5	Medicare wages and tips 16531.03		6	Medica	ire tax wi	thheld 239.70
d	Control number	Dept.		Corp.	Emplo	yer use only
075918 73/MR4 360000				Т	5341	
c Employer's name, address, and ZIP code						

SATYAM COMPUTER SERVICES LTD 8500 LEESBURG PIKE 202 VIENNA VA 22182

b	Employer's FED ID number 23-2708334	a Employee's SSA number 011-90-4456		
7	Social security tips	8 Allocated tips		
9	Advance EIC payment	10 Dependent care benefits		
11	Nonqualified plans	12a D 485.32		
14	Other	12b		
	5.16 SDI	12c		
		12d		
		13 Stat emp. Ret. plan 3rd party sick pay		
- 10	Formation and address of	1 7ID 1-		

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

ABHINAV SINGHAL 1 RIVER COURT APT # 1110 JERSEY CITY,NJ 07310

15 State	Employer's state ID no.	16 State wages, tips, etc.
NY	23-2708334	16045.71
17 State	income tax	18 Local wages, tips, etc.
	952.04	
19 Local	income tax	20 Locality name

NY.State Reference

W-2 Wage and Tax Statement Oppy 2 to be filed with employee's State Income Tax Return

2009 OMB No. 1545-0008 Return.

Copy

1	Wages, tips, other	2 Federal income tax withheld 3218.27				
3	Social security wa	4 Social security tax withheld 1024.91				
5	Medicare wages a	6 Med	lica	re tax w	rithheld 239.70	
d	Control number	Dept.	Corp	.	Empl	oyer use only
07	5918 73/MR4	360000			T	5341
C. Employer's name address and 7IP and						

c Employer's name, address, and ZIP code

SATYAM COMPUTER SERVICES LTD 8500 LEESBURG PIKE 202 VIENNA VA 22182

b	Employer's FED ID number 23-2708334	a Emp		ee's SS/ 11-90-4	1456
7	Social security tips	8 Allocated tips			
9	Advance EIC payment	10 Dependent care benefits		benefits	
11	Nonqualified plans	^{12a} D	ī		485.32
14	Other	12b	ī		
	5.16 SDI	12c 12d	T		
			ī		
		13 Stat	emp	Ret. plan	3rd party sick pay
" = 1 · · · · · · · · · · · · · · · · · ·					

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

ABHINAV SINGHAL 1 RIVER COURT APT # 1110 JERSEY CITY,NJ 07310

	15 State	Employer's state ID no.	16 State wages, tips, etc.
	NY	23-2708334	16045.71
	17 State	income tax	18 Local wages, tips, etc.
		952.04	
	19 Local	income tax	20 Locality name
1			

NY.State Filing Copy

W-2 Wage and Tax 2009
Statement OMB No. 1545-00
Copy 2 to be filed with employee's State Income Tax Return.

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 8. This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

Box 9. Enter this amount on the advance earned income credit payments line of your Form 1040 or Form 1040A.

Box 10. This amount is the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. You must complete Schedule 2 (Form 1040A) or Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

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 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.

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 and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2009, your employer may have allowed an additional deferral of up to \$5,500 (\$2,500 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 "Wages, Salaries, Tips, etc." line instructions for Form 1040.

Note. If a year follows code D through H, S, Y, AA, or BB, you made a make-up pension contribution for a

prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See "Adjusted Gross Income" in the Form 1040 instructions for how to deduct.

 $\mbox{K}{=}20\%$ excise tax on excess golden parachute payments. See "Total Tax" in 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 "Total Tax" in the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of groupterm life insurance over \$50,000 (former employees only). See "Total Tax" in the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A 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 (not included in box 1)

T—Adoption benefits (not included in box 1). You **must** complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5)

W—Employer contributions 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 section 409A on a nonqualified deferred compensation plan. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions

AA—Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct.

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. Compare the Social Security wages and the Medicare wages to the information shown on your annual (for workers over 25) Social Security Statement.

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.

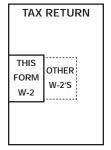
Department of The Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service.

IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

Notice to Employee

Refund. Even if you do not have to file a tax return, you should file to get a refund if box 2 shows federal income tax withheld or if you can take the earned income credit.

Earned income credit (EIC). You must file a tax return if any amount is shown in box 9.

You may be able to take the EIC for 2009 if (a) you do not have a qualifying child and you earned less than \$13,440 (\$18,440 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,463 (\$40,463 if married filing jointly), (c) you have two qualifying children and you earned less than \$40,295 (\$45,295 if married filing jointly), or (d) you have three or more qualifying children and earned less than \$43,279 (\$48,279 if married filing jointly). You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than \$3,100. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return. If you have at least one qualifying child, you may get as much as \$1,826 of the EIC in advance by completing Form W-5, Earned Income Credit Advance Payment Certificate, and giving it to your employer.

Clergy and religious workers. If you are not subject to social security and Medicare taxes, see Publication 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. If your name and SSN are correct but are not 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 1-800-772-1213.

or by calling 1-800-772-1213.

Credit for excess taxes. If you had more than one employer in 2009 and more than \$6,621.60 in social security and/or Tier I railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$3,088.80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Publication 505, Tax Withholding and Estimated Tax.