Form W-2 Wage and Tax Statement 2022

						Co	py C, fo	employee's reco	rds		
			d Control number 0942-Y472D214 0000355706 - FLORID				Void	Department of the Treasury - Internal Revenue Se OMB No. 1545-0008			Service
TECH MAHINDRA AMERICAS INC		b	Employer identification	number (EIN)	a Employee's	social security n	umber	1 Wages, tips, other of		2 Federal income tax wi	
5700 DEMOCRACY DRIVE SUITE 2000 PLANO TX 75024			22-3282696	867-76-845		-76-8457			73806.41		5840.80
		1			rement Third-party olan sick pay		-party pay	3 Social security wages		4 Social security tax wit	hheld
									73806.41		4576.00
e Employee's name, address, and ZIP code		1	12 See instructions for bo		14 Other			5 Medicare wages and	d tips	6 Medicare tax withheld	
			3	107.90					73806.41		1070.19
RAHUL GAIKWAD 1700 WOODBURY RD		ا	DD	14355.48				7 Social Security Tips		8 Allocated Tips	
APT 602 ORLANDO FL 32828								10 Dependent care be	nefits	11 Nonqualified plans	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State inco	ome tax	18 Local wa	ges, tips, etc.	1	9 Local incor	ne tax	20 Locality name	9	
									-		

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_						Сору	B, to b	e filed with empl	oyee's FEDE	ERAL tax return	
		d Control number 0942-Y472D214 0000355706 - FLORID b Employer identification number (EIN) a Employee's social security number					Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			Service	
		1 1		, ,			1 Wages, tips, other or		2 Federal income tax w		
	SUITE 2000		22-3282696		867-76-8457			73806.41			5840.80
PLANO TX 75024				rement Third-party olan sick pay			3 Social security wage	S	4 Social security tax wi	thheld	
									73806.41		4576.00
e Employee's name, address, and ZIP code			12 See instructions for be		14 Other			5 Medicare wages and	tips	6 Medicare tax withheld	d
			C_	107.90					73806.41		1070.19
RAHUL GAIKWAD 1700 WOODBURY RD			DD	14355.48				7 Social Security Tips		8 Allocated Tips	
APT 602 ORLANDO FL 32828							10 Dependent care ber	nefits	11 Nonqualified plans		
										•	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State in	come tax	18 Local wa	ges, tips, etc.	19 Lo	cal income	tax	20 Locality name	е	

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.

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c Employer's name, address, and ZIP code	d Control number	on number (EIN) a Employee's social security nu	Void X	Department of the Treasury OMB No. 1545-0008	- Internal Revenue Service
	b Employer Identificat	on number (Liny) a Employee's social security in	mbei	1 Wages, tips, other compensation	2 Federal income tax withheld
	13 Statutory employee	Retirement Third- plan sick	party pay	3 Social security wages	4 Social security tax withheld
e Employee's name, address, and ZIP code	12 See instructions fo	box 12 14 Other		5 Medicare wages and tips	6 Medicare tax withheld
				7 Social Security Tips	8 Allocated Tips
				10 Dependent care benefits	11 Nonqualified plans
					•
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	Local income	e tax 20 Locality na	me

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c Employer's name, address, and ZIP code			d Control number b Employer identification number (EIN) a Employee's social security number					Department of the Treasury - Internal F OMB No. 1545-0008				
								1 Wages, tips, oth		ompensation	2 Federal income tax withheld	
				13 Statutory employee	Retii F	rement olan	Third-party sick pay		3 Social security wages		4 Social security tax withheld	
e Employee's name, address, and ZIP code		12 See instructions for bo	ox 12	14 Other			5 Medicare wages and tips		6 Medicare tax withheld			
									7 Social Security Tips		8 Allocated Tips	
									10 Dependent care be	nefits	11 Nonqualified plans	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State in	come tax	18 Local wa	ges, tips, etc.	19	9 Local incon	e tax	20 Locality nam	e	

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