

	Federal Box 1	Soc. Sec. Box 3 & 7	Medicare Box 5
To the right is information which shows your total wages by W-2 box and the amount of any deferred compensation and/or other pretax deductions that were subtracted from total wages to arrive at your W-2 wages.	Gross Wages 177184.75	177184.75	177184.75
General instructions for these forms, including an explanation of the letter codes used in box 12, are available on a separate document.	Txbl Benefits		
	Group Term Life 190.85	190.85	190.85
	Adoption		
	Deferred Comp (2813.34)		
	Section 125 (12224.16)	(12224.16)	(12224.16)
	Other Pretax/Wage Limit		
	W-2 Wages 162338.10	165151.44	165151.44

a Employee's social security number 710-31-0890		b Employer identification number (EIN) 94-3326476		d Control number 000199456301		OMB No. 1545-0008					
c Employer's name, address, and ZIP code ExlService.Com, LLC 10 Exchange Place Ste 2200 Jersey City NJ 07302						1 Wages, tips, other compensation 162338.10		2 Federal income tax withheld 16854.33			
						3 Social security wages 165151.44		4 Social security tax withheld 10239.39			
						5 Medicare wages and tips 165151.44		6 Medicare tax withheld 2394.70			
						7 Social security tips		8 Allocated tips			
e Employee's first name and initial Vipin						Last name Choudhary		Suff.			
f Employee's address and ZIP code						9		10 Dependent care benefits			
15 State CT						Employer's state ID Number 38245551-000		16 State wages, tips, etc. 74940.84		17 State income tax 4043.26	
18 Local wages, tips, etc.						19 Local income tax		20 Locality name		13 Statutory Retirement Third-party employee plan sick Pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
14 Other CTPL						382.98		12a See instructions for box 12 Code C		190.85	
								12b Code D		2813.34	
								12c Code DD		31745.04	
								12d Code			

Form W-2 Wage and Tax Statement
Copy C—For EMPLOYEE'S RECORDS

2024

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.

a Employee's social security number 710-31-0890		b Employer identification number (EIN) 94-3326476		d Control number 000199456301		OMB No. 1545-0008					
c Employer's name, address, and ZIP code ExlService.Com, LLC 10 Exchange Place Ste 2200 Jersey City NJ 07302						1 Wages, tips, other compensation 162338.10		2 Federal income tax withheld 16854.33			
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						7 Social security tips		8 Allocated tips			
e Employee's first name and initial Vipin						Last name Choudhary		Suff.			
f Employee's address and ZIP code						9		10 Dependent care benefits			
15 State CT						Employer's state ID Number 38245551-000		16 State wages, tips, etc. 74940.84		17 State income tax 4043.26	
18 Local wages, tips, etc.						19 Local income tax		20 Locality name		13 Statutory Retirement Third-party employee plan sick Pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
14 Other CTPL						382.98		12a See instructions for box 12 Code C		190.85	
								12b Code D		2813.34	
								12c Code DD		31745.04	
								12d Code			

Form W-2 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.

2024

Department of the Treasury - Internal Revenue Service

a Employee's social security number 710-31-0890		b Employer identification number (EIN) 94-3326476		d Control number 000199456301		OMB No. 1545-0008					
c Employer's name, address, and ZIP code ExlService.Com, LLC 10 Exchange Place Ste 2200 Jersey City NJ 07302						1 Wages, tips, other compensation 162338.10		2 Federal income tax withheld 16854.33			
						3 Social security wages 165151.44		4 Social security tax withheld 10239.39			
						5 Medicare wages and tips 165151.44		6 Medicare tax withheld 2394.70			
						7 Social security tips		8 Allocated tips			
e Employee's first name and initial Vipin						Last name Choudhary		Suff.			
f Employee's address and ZIP code						9		10 Dependent care benefits			
15 State CT						Employer's state ID Number 38245551-000		16 State wages, tips, etc. 74940.84		17 State income tax 4043.26	
18 Local wages, tips, etc.						19 Local income tax		20 Locality name		13 Statutory Retirement Third-party employee plan sick Pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
14 Other CTPL						382.98		12a See instructions for box 12 Code C		190.85	
								12b Code D		2813.34	
								12c Code DD		31745.04	
								12d Code			

Form W-2 Wage and Tax Statement
Copy 2—To Be Filed With Employee's State, City, or local Income Tax Return

2024

Department of the Treasury - Internal Revenue Service

