

# 2023 W-2 and EARNINGS SUMMARY

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.

<b>GROSS PAY</b>	23,437.26	<b>SOCIAL SECURITY TAX WITHHELD</b>	1,453.11
		<b>BOX 04 OF W-2</b>	
<b>FED. INCOME TAX WITHHELD</b>	3,550.53	<b>MEDICARE TAX WITHHELD</b>	339.84
		<b>BOX 06 OF W-2</b>	
<b>STATE INCOME TAX</b>	459.38	<b>SUI/SDI</b>	0.00
<b>LOCAL INCOME TAX</b>	0.00	<b>BOX 14 OF W-2</b>	

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

Social Security Number: XXX-XX-9842

**SENTHILKUMAR MATHIAZHAGAN**  
14875 MORMON ST  
BENNINGTON, NE 68007



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PAGE 1 OF 1

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Employee Reference Copy			
<b>W-2</b>		<b>2023</b>	
Wage and Tax Statement			
Copy C for employee's records. OMB No. 1545-0048			
d Control number	Dept.	Corp.	Employer use only
02281013 732		DCMG	G S 24947
c Employer's name, address, and ZIP code			
TATA CONSULTANCY SERVICES LIMITED 379 THORNALL STREET 4TH FLOOR EDISON, NJ 08837			
e1 Employee's name, address, and ZIP code			
SENTHILKUMAR MATHIAZHAGAN 14875 MORMON ST BENNINGTON, NE 68007			
b Employer's FED ID number	a Employee's SSA number		
98-0429806	XXX-XX-9842		
1 Wages, tips, other comp.	2 Federal income tax withheld		
21697.14	3550.53		
3 Social security wages	4 Social security tax withheld		
23437.26	1453.11		
5 Medicare wages and tips	6 Medicare tax withheld		
23437.26	339.84		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	D   461.54		
14 Other	12b		
	12c		
	12d		
	13 Stat. emp. Ret. plan 3rd party sick pay		
	X		
15 State	Employer's state ID no.	16 State wages, tips, etc.	
NE	9390049	8769.22	
17 State income tax		18 Local wages, tips, etc.	
459.38			
19 Local income tax		20 Locality name	

1 Wages, tips, other comp.	2 Federal income tax withheld	3 Social security wages	4 Social security tax withheld
21697.14	3550.53	23437.26	1453.11
5 Medicare wages and tips	6 Medicare tax withheld	7 Social security tips	8 Allocated tips
23437.26	339.84		
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SENTHILKUMAR MATHIAZHAGAN 14875 MORMON ST BENNINGTON, NE 68007			
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459.38			
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Federal Filing Copy

**W-2** Wage and Tax Statement **2023**

OMB No. 1545-0048

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

NE. State Filing Copy

**W-2** Wage and Tax Statement **2023**

OMB No. 1545-0048

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

City or Local Filing Copy

**W-2** Wage and Tax Statement **2023**

OMB No. 1545-0048

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



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.

**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2023**  
OMB No. 1545-0049

Copy C for employer's records

d Control number	Dept.	Corp.	Employer use only
104538 ATLA/UNJ	000170		L 28

c Employer's name, address, and ZIP code  
**LINDSAY CORPORATION**  
 18135 BURKE ST SUITE 100  
 ELKHORN NE 68022

Batch #08655

e/f Employee's name, address, and ZIP code  
**SENTHILKUMAR MATHIAZHAGAN**  
 14875 MORMON ST  
 BENNINGTON NE 68007

b Employer's FED ID number	a Employee's SSA number
47-0554096	XXX-XX-9842

1 Wages, tips, other comp.	2 Federal income tax withheld
115087.38	17579.73
3 Social security wages	4 Social security tax withheld
123163.36	7636.13
5 Medicare wages and tips	6 Medicare tax withheld
123163.36	1785.87
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	C   60.65
14 Other	12b D   8075.98
9552.39 FYB	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
	X

15 State	Employer's state ID no.	16 State wages, tips, etc.
NE	2394324	115087.38
17 State income tax	18 Local wages, tips, etc.	
5894.63		
19 Local income tax	20 Locality name	

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	NE, State Wages, Tips, Etc. Box 15 of W-2
Gross Pay	123,102.71	123,102.71	123,102.71	123,102.71
Plus GTL (C-Box 12)	60.65	60.65	60.65	60.65
Less 401(k) (D-Box 12)	8,075.98	N/A	N/A	8,075.98
<b>Reported W-2 Wages</b>	<b>115,087.38</b>	<b>123,163.36</b>	<b>123,163.36</b>	<b>115,087.38</b>

2. Employee Name and Address.

**SENTHILKUMAR MATHIAZHAGAN**  
 14875 MORMON ST  
 BENNINGTON NE 68007

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123163.36	7636.13		
5 Medicare wages and tips	6 Medicare tax withheld		
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104538 ATLA/UNJ	000170		L 28

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**LINDSAY CORPORATION**  
 18135 BURKE ST SUITE 100  
 ELKHORN NE 68022

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 14875 MORMON ST  
 BENNINGTON NE 68007

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NE	2394324	115087.38
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5894.63		
19 Local income tax	20 Locality name	

**Federal Filing Copy**  
**W-2 Wage and Tax Statement 2023**  
OMB No. 1545-0049  
Copy 1 to be filed with employee's Federal Income Tax Return

1 Wages, tips, other comp.	2 Federal income tax withheld		
115087.38	17579.73		
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104538 ATLA/UNJ	000170		L 28

c Employer's name, address, and ZIP code  
**LINDSAY CORPORATION**  
 18135 BURKE ST SUITE 100  
 ELKHORN NE 68022

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47-0554096	XXX-XX-9842

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9552.39 FYB	12c
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	X

e/f Employee's name, address and ZIP code  
**SENTHILKUMAR MATHIAZHAGAN**  
 14875 MORMON ST  
 BENNINGTON NE 68007

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NE	2394324	115087.38
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5894.63		
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**NE, State Reference Copy**  
**W-2 Wage and Tax Statement 2023**  
OMB No. 1545-0049  
Copy 2 to be filed with employee's State Income Tax Return

1 Wages, tips, other comp.	2 Federal income tax withheld		
115087.38	17579.73		
3 Social security wages	4 Social security tax withheld		
123163.36	7636.13		
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123163.36	1785.87		
d Control number	Dept.	Corp.	Employer use only
104538 ATLA/UNJ	000170		L 28

c Employer's name, address, and ZIP code  
**LINDSAY CORPORATION**  
 18135 BURKE ST SUITE 100  
 ELKHORN NE 68022

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47-0554096	XXX-XX-9842

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e/f Employee's name, address and ZIP code  
**SENTHILKUMAR MATHIAZHAGAN**  
 14875 MORMON ST  
 BENNINGTON NE 68007

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5894.63		
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**NE, State Filing Copy**  
**W-2 Wage and Tax Statement 2023**  
OMB No. 1545-0049  
Copy 2 to be filed with employee's State Income Tax Return



000003000 J0737136

LINDSAY CORPORATION  
18135 BURKE ST SUITE 100 SUITE 1  
ELKHORN, NE 68022



\*UNJPNA95CPS0000017643A418B657\*

003016 ROSMY001 UNJ 0030 BED68 000000033  
SENTHILKUMAR MATHIAZHAGAN  
14875 MORMON ST  
BENNINGTON, NE 68007

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

600120

VOID

CORRECTED

OMB No. 1545-0047

2023

Form **1095-C**  
Department of the Treasury  
Internal Revenue Service

### Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.

Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

Part I Employee				Applicable Large Employer Member (Employer)												
1 Name of employee (first name, middle initial, last name) <b>SENTHILKUMAR MATHIAZHAGAN</b>		2 Social security number (SSN) <b>XXX-XX-9842</b>		7 Name of employer <b>LINDSAY CORPORATION</b>		8 Employer identification number (EIN) <b>47-0554096</b>										
3 Street address (including apartment no.) <b>14875 MORMON ST</b>				9 Street address (including room or suite no.) <b>18135 BURKE ST SUITE 100 SUITE 1</b>												
4 City or town <b>BENNINGTON</b>		5 State or province <b>NE</b>		6 Country and ZIP or foreign postal code <b>USA 68007</b>		10 Contact telephone number <b>402-827-6229</b>										
11 City or town <b>ELKHORN</b>		12 State or province <b>NE</b>		13 Country and ZIP or foreign postal code <b>USA 68022</b>		14 Other of Coverage (enter required code) <b>1E</b>										
Part II Employee Offer of Coverage				Employee's Age on January 1				Plan Start Month (enter 2-digit number): <b>01</b>								
				All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)				\$ <b>117.45</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4001H Safe Harbor and Other Relief (enter code, if applicable)				<b>2H</b>												

17 ZIP Code

### Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN is other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

OMB No. 1545-0047

S 003016 ROSMY001 003016 E



CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>PRINCIPAL LIFE INSURANCE CO</b> 711 HIGH STREET DES MOINES, IA 50392-0001			<b>1</b> Gross distribution \$ 8,920.94		OMB No. 1545-0119 <span style="font-size: 2em; font-weight: bold;">2023</span> Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			<b>2a</b> Taxable amount \$ 0.00				
			<b>2b</b> Taxable amount not determined <input type="checkbox"/>		Total distribution <input checked="" type="checkbox"/>		
<b>PAYER'S TIN</b> 42-0127290		<b>RECIPIENT'S TIN</b> XXX-XX-9842		<b>3</b> Capital gain (included in box 2a) \$		<b>4</b> Federal income tax withheld \$	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code <b>SENTHILKUMA MATHIAZHAGAN</b> 14875 MORMON ST BENNINGTON, NE 68007-1233			<b>5</b> Employee contributions/Designated Roth contributions or insurance premiums \$		<b>6</b> Net unrealized appreciation in employer's securities \$		
			<b>7</b> Distribution code(s) <b>G</b>		<b>8</b> Other \$ %		
<b>10</b> Amount allocable to IRR within 5 years \$			<b>11</b> 1st year of desig. Roth contrib.		<b>12</b> FATCA filing requirement <input type="checkbox"/>		
<b>14</b> State tax withheld \$			<b>15</b> State/Payer's state no. NE / 294896		<b>16</b> State distribution \$ 0.00		
<b>17</b> Local tax withheld \$			<b>18</b> Name of locality		<b>19</b> Local distribution \$		
Account number (see instructions) 368734 TRACKING #: 36683591TI			<b>13</b> Date of payment				

Form 1099-R www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

**Copy B**  
Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the IRS.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>PRINCIPAL LIFE INSURANCE CO</b> 711 HIGH STREET DES MOINES, IA 50392-0001			<b>1</b> Gross distribution \$ 8,920.94		OMB No. 1545-0119 <span style="font-size: 2em; font-weight: bold;">2023</span> Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
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			<b>2b</b> Taxable amount not determined <input type="checkbox"/>		Total distribution <input checked="" type="checkbox"/>		
<b>PAYER'S TIN</b> 42-0127290		<b>RECIPIENT'S TIN</b> XXX-XX-9842		<b>3</b> Capital gain (included in box 2a) \$		<b>4</b> Federal income tax withheld \$	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code <b>SENTHILKUMA MATHIAZHAGAN</b> 14875 MORMON ST BENNINGTON, NE 68007-1233			<b>5</b> Employee contributions/Designated Roth contributions or insurance premiums \$		<b>6</b> Net unrealized appreciation in employer's securities \$		
			<b>7</b> Distribution code(s) <b>G</b>		<b>8</b> Other \$ %		
<b>10</b> Amount allocable to IRR within 5 years \$			<b>11</b> 1st year of desig. Roth contrib.		<b>12</b> FATCA filing requirement <input type="checkbox"/>		
<b>14</b> State tax withheld \$			<b>15</b> State/Payer's state no. NE / 294896		<b>16</b> State distribution \$ 0.00		
<b>17</b> Local tax withheld \$			<b>18</b> Name of locality		<b>19</b> Local distribution \$		
Account number (see instructions) 368734 TRACKING #: 36683591TI			<b>13</b> Date of payment				

Form 1099-R www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

(Keep for your records.)

**Copy C**  
For Recipient's Records

This information is being furnished to the IRS.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>PRINCIPAL LIFE INSURANCE CO</b> 711 HIGH STREET DES MOINES, IA 50392-0001			<b>1</b> Gross distribution \$ 8,920.94		OMB No. 1545-0119 <span style="font-size: 2em; font-weight: bold;">2023</span> Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
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			<b>2b</b> Taxable amount not determined <input type="checkbox"/>		Total distribution <input checked="" type="checkbox"/>		
<b>PAYER'S TIN</b> 42-0127290		<b>RECIPIENT'S TIN</b> XXX-XX-9842		<b>3</b> Capital gain (included in box 2a) \$		<b>4</b> Federal income tax withheld \$	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code <b>SENTHILKUMA MATHIAZHAGAN</b> 14875 MORMON ST BENNINGTON, NE 68007-1233			<b>5</b> Employee contributions/Designated Roth contributions or insurance premiums \$		<b>6</b> Net unrealized appreciation in employer's securities \$		
			<b>7</b> Distribution code(s) <b>G</b>		<b>8</b> Other \$ %		
<b>10</b> Amount allocable to IRR within 5 years \$			<b>11</b> 1st year of desig. Roth contrib.		<b>12</b> FATCA filing requirement <input type="checkbox"/>		
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Account number (see instructions) 368734 TRACKING #: 36683591TI			<b>13</b> Date of payment				

Form 1099-R www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

**Copy 2**  
File this copy with your state, city, or local income tax return, when required.







CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>West Gate Bank</b> <b>6003 Old Cheney Rd.</b> <b>Suite 300</b> <b>Lincoln, NE 68516</b>  <b>(877) 929-4545</b>		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.		OMB No. 1545-1380  <b>Form 1098</b> (Rev. January 2022)  For calendar year <b>20 23</b>		<b>Mortgage Interest Statement</b>
RECIPIENT'S/LENDER'S TIN  <b>47-0523112</b>		PAYER'S/BORROWER'S TIN  <b>***-**-4127</b>		<b>1 Mortgage interest received from payer(s)/borrower(s)*</b> <b>\$4,670.29</b>		
PAYER'S/BORROWER'S name  <b>SANDHYA NARAYANAN</b>		<b>2 Outstanding mortgage principal</b> <b>\$180,272.50</b>		<b>3 Mortgage origination date</b> <b>03/18/2021</b>		
Street address (including apt. no.)  <b>14875 MORMON ST</b>		<b>4 Refund of overpaid interest</b> <b>\$0.00</b>		<b>5 Mortgage insurance premiums</b> <b>\$0.00</b>		
City or town, state or province, country, and ZIP or foreign postal code  <b>BENNINGTON, NE 68007</b>		<b>6 Points paid on purchase of principal residence</b> <b>\$0.00</b>		<b>7</b> <input checked="" type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.		
<b>9 Number of properties securing the mortgage</b> 		<b>10 Real Estate Taxes Paid</b> <b>\$5,877.68</b>		<b>8 Address or description of property securing mortgage</b>		
Account number (see instructions)  <b>0000162508</b>		<b>Conv. RES</b>		<b>11 Mortgage acquisition date</b>		