

# 2020 W-2 and EARNINGS SUMMARY



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 2020

Copy C for employer's records  
d Control number Dept. Corp. Employer use only  
689010 CL12/TLS 000 T 16899

c Employer's name, address, and ZIP code  
**TATA CONSULTANCY SERVICES LIMITED**  
379 THORNALL STREET  
EDISON NJ 08837  
  
Batch #02445

e/f Employee's name, address, and ZIP code  
**SRUJANA KODALI**  
29133, FOX CREEK DR  
1B  
PERRYSBURG OH 43551

b Employer's FED ID number 98-0429806	a Employee's SSA number XXX-XX-8774
1 Wages, tips, other comp. 56189.06	2 Federal income tax withheld 4991.82
3 Social security wages 56189.06	4 Social security tax withheld 3483.72
5 Medicare wages and tips 56189.06	6 Medicare tax withheld 814.74
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 DD 7233.69
14 Other 385.83 TFB 320.00 TFB	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay
15 State Employer's state ID no. OH 52-6502299	16 State wages, tips, etc. 56189.06
17 State income tax 1647.37	18 Local wages, tips, etc. 56189.06
19 Local income tax 1264.25	20 Locality name TOLEDO

### 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	OH. State Wages, Tips, Etc. Box 16 of W-2	TOLEDO Local Wages, Tips, Etc. Box 18 of W-2
Gross Pay	60,271.32	60,271.32	60,271.32	60,271.32	60,271.32
Less Other Cafe 125	4,082.26	4,082.26	4,082.26	4,082.26	4,082.26
Reported W-2 Wages	56,189.06	56,189.06	56,189.06	56,189.06	56,189.06

### 2. Employee Name and Address.

**SRUJANA KODALI**  
29133, FOX CREEK DR  
1B  
PERRYSBURG OH 43551

© 2020 ADP, Inc.

Fold and Detach Here

1 Wages, tips, other comp. 56189.06	2 Federal income tax withheld 4991.82
3 Social security wages 56189.06	4 Social security tax withheld 3483.72
5 Medicare wages and tips 56189.06	6 Medicare tax withheld 814.74
d Control number Dept. Corp. Employer use only 689010 CL12/TLS 000 T 16899	
c Employer's name, address, and ZIP code <b>TATA CONSULTANCY SERVICES LIMITED</b> 379 THORNALL STREET EDISON NJ 08837	
b Employer's FED ID number 98-0429806	a Employee's SSA number XXX-XX-8774
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 DD 7233.69
14 Other 385.83 TFB 320.00 TFB	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code <b>SRUJANA KODALI</b> 29133, FOX CREEK DR 1B PERRYSBURG OH 43551	
15 State Employer's state ID no. OH 52-6502299	16 State wages, tips, etc. 56189.06
17 State income tax 1647.37	18 Local wages, tips, etc. 56189.06
19 Local income tax 1264.25	20 Locality name TOLEDO

1 Wages, tips, other comp. 56189.06	2 Federal income tax withheld 4991.82
3 Social security wages 56189.06	4 Social security tax withheld 3483.72
5 Medicare wages and tips 56189.06	6 Medicare tax withheld 814.74
d Control number Dept. Corp. Employer use only 689010 CL12/TLS 000 T 16899	
c Employer's name, address, and ZIP code <b>TATA CONSULTANCY SERVICES LIMITED</b> 379 THORNALL STREET EDISON NJ 08837	
b Employer's FED ID number 98-0429806	a Employee's SSA number XXX-XX-8774
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 DD 7233.69
14 Other 385.83 TFB 320.00 TFB	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code <b>SRUJANA KODALI</b> 29133, FOX CREEK DR 1B PERRYSBURG OH 43551	
15 State Employer's state ID no. OH 52-6502299	16 State wages, tips, etc. 56189.06
17 State income tax 1647.37	18 Local wages, tips, etc. 56189.06
19 Local income tax 1264.25	20 Locality name TOLEDO

1 Wages, tips, other comp. 56189.06	2 Federal income tax withheld 4991.82
3 Social security wages 56189.06	4 Social security tax withheld 3483.72
5 Medicare wages and tips 56189.06	6 Medicare tax withheld 814.74
d Control number Dept. Corp. Employer use only 689010 CL12/TLS 000 T 16899	
c Employer's name, address, and ZIP code <b>TATA CONSULTANCY SERVICES LIMITED</b> 379 THORNALL STREET EDISON NJ 08837	
b Employer's FED ID number 98-0429806	a Employee's SSA number XXX-XX-8774
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 DD 7233.69
14 Other 385.83 TFB 320.00 TFB	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code <b>SRUJANA KODALI</b> 29133, FOX CREEK DR 1B PERRYSBURG OH 43551	
15 State Employer's state ID no. OH 52-6502299	16 State wages, tips, etc. 56189.06
17 State income tax 1647.37	18 Local wages, tips, etc. 56189.06
19 Local income tax 1264.25	20 Locality name TOLEDO

## Federal Filing Copy W-2 Wage and Tax Statement 2020

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

## OH. State Filing Copy W-2 Wage and Tax Statement 2020

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

## City or Local Filing Copy W-2 Wage and Tax Statement 2020

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



**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 (Employee)**

1 Name of employee (first name, middle initial, last name) <b>SRUJANA</b>	2 Social security number (SSN) ****-**-8774	7 Name of employer <b>TATA AMERICA INTERNATIONAL CORP</b>	8 Employer identification number (EIN) <b>13-2805758</b>
3 Street address (including apartment no.) <b>29133 FOX CREEK DR APT 1B</b>	6 Country and ZIP or foreign postal code <b>OH 43551-7425</b>	9 Street address (including room or suite no.) <b>379 THORNAIL STREET 4TH FLOOR</b>	10 Contact telephone number <b>(732) 852-0793</b>
4 City or town <b>PERRYSBURG</b>	11 City or town <b>EDISON</b>	12 State or province <b>NJ</b>	13 Country and ZIP or foreign postal code <b>08837</b>

**Part II Employee Offer of Coverage**

**Employee's Age on January 1**

**Plan Start Month (enter 2-digit number): 01**

14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see instructions)	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	17 ZIP Code	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1H	\$	2A	2A				\$ 146.00	\$ 146.00	\$ 146.00	\$ 146.00	\$ 146.00	\$ 146.00	\$ 146.00	\$ 146.00	\$
1H	\$	2A	2D						2C	2C	2C	2C	2C	2C	2A

**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 or 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
BhuvanPrajwal	Kodali	****-**-9010	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SRUJANA	KODALI	****-**-8774	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prabhukumar	Kodali	****-**-9010	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	<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"/>	<input type="checkbox"/>