



**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2020**  
 Copy C for employee's records. OMB No. 1545-0008

d Control number 044345 CL12/ZSL	Dept. CL12/ZSL	Corp.	Employer use only T 2383
c Employer's name, address, and ZIP code <b>WIPRO LTD</b> <b>2 TOWER CENTER BL #2200</b> <b>EAST BRUNSWICK NJ 08816</b>  Batch #02269			
e/f Employee's name, address, and ZIP code <b>SOUMYA CHANDRAMOHAN</b> <b>912 ALDEN PARKE DR</b> <b>GLEN ALLEN VA 23059</b>			
b Employer's FED ID number 98-0154401	a Employee's SSA number XXX-XX-7082		
1 Wages, tips, other comp. 50369.25	2 Federal income tax withheld 1521.35		
3 Social security wages 50369.25	4 Social security tax withheld 3122.89		
5 Medicare wages and tips 50369.25	6 Medicare tax withheld 730.37		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C   19.84		
14 Other	12b	12c	12d
13 Stat emp. Ret. plan 3rd party sick pay			
15 State Employer's state ID no. VA 30980154401F001	16 State wages, tips, etc. 50369.25		
17 State income tax 2557.73	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

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.

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	VA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	50,349.41	50,349.41	50,349.41	50,349.41
Plus GTL (C-Box 12)	19.84	19.84	19.84	19.84
<b>Reported W-2 Wages</b>	<b>50,369.25</b>	<b>50,369.25</b>	<b>50,369.25</b>	<b>50,369.25</b>

2. Employee Name and Address.

**SOUMYA CHANDRAMOHAN**  
**912 ALDEN PARKE DR**  
**GLEN ALLEN VA 23059**

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b Employer's FED ID number 98-0154401	a Employee's SSA number XXX-XX-7082		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C   19.84		
14 Other	12b	12c	12d
13 Stat emp. Ret. plan 3rd party sick pay			
e/f Employee's name, address and ZIP code <b>SOUMYA CHANDRAMOHAN</b> <b>912 ALDEN PARKE DR</b> <b>GLEN ALLEN VA 23059</b>			
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19 Local income tax	20 Locality name		

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**Federal Filing Copy**  
**W-2 Wage and Tax Statement 2020**  
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

**VA. State Reference Copy**  
**W-2 Wage and Tax Statement 2020**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

**VA. State Filing Copy**  
**W-2 Wage and Tax Statement 2020**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008



**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2020**  
OMB No. 1545-0008

Copy C for employee's records.  
d Control number Dept. Corp. Employer use only  
275814 LOS2/XAW T 2646

c Employer's name, address, and ZIP code  
**INFOSYS LIMITED**  
2400 N GLENVILLE DR C150  
RICHARDSON TX 75082  
  
Batch #01901

e/f Employee's name, address, and ZIP code  
**SOUMYA CHANDRAMOHAN**  
912 ALDEN PARKE DR  
GLEN ALLEN VA 23059

b Employer's FED ID number 58-1760235	a Employee's SSA number XXX-XX-7082
1 Wages, tips, other comp. 31720.91	2 Federal income tax withheld 534.19
3 Social security wages 33355.51	4 Social security tax withheld 2068.04
5 Medicare wages and tips 33355.51	6 Medicare tax withheld 483.65
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C   9.36
14 Other	12b D   1634.60
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay X
15 State Employer's state ID no. VA 30-581760235F-00	16 State wages, tips, etc. 31720.91
17 State income tax 1550.90	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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.

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	VA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	33,346.15	33,346.15	33,346.15	33,346.15
Plus GTL (C-Box 12)	9.36	9.36	9.36	9.36
Less 401(k) (D-Box 12)	1,634.60	N/A	N/A	1,634.60
<b>Reported W-2 Wages</b>	<b>31,720.91</b>	<b>33,355.51</b>	<b>33,355.51</b>	<b>31,720.91</b>

2. Employee Name and Address.

**SOUMYA CHANDRAMOHAN**  
912 ALDEN PARKE DR  
GLEN ALLEN VA 23059

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1 Wages, tips, other comp. 31720.91	2 Federal income tax withheld 534.19
3 Social security wages 33355.51	4 Social security tax withheld 2068.04
5 Medicare wages and tips 33355.51	6 Medicare tax withheld 483.65
d Control number Dept. Corp. Employer use only 275814 LOS2/XAW T 2646	
c Employer's name, address, and ZIP code <b>INFOSYS LIMITED</b> 2400 N GLENVILLE DR C150 RICHARDSON TX 75082	
b Employer's FED ID number 58-1760235	a Employee's SSA number XXX-XX-7082
7 Social security tips	8 Allocated tips
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e/f Employee's name, address and ZIP code <b>SOUMYA CHANDRAMOHAN</b> 912 ALDEN PARKE DR GLEN ALLEN VA 23059	
15 State Employer's state ID no. VA 30-581760235F-00	16 State wages, tips, etc. 31720.91
17 State income tax 1550.90	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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c Employer's name, address, and ZIP code <b>INFOSYS LIMITED</b> 2400 N GLENVILLE DR C150 RICHARDSON TX 75082	
b Employer's FED ID number 58-1760235	a Employee's SSA number XXX-XX-7082
7 Social security tips	8 Allocated tips
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14 Other	12b D   1634.60
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay X
e/f Employee's name, address and ZIP code <b>SOUMYA CHANDRAMOHAN</b> 912 ALDEN PARKE DR GLEN ALLEN VA 23059	
15 State Employer's state ID no. VA 30581760235F001	16 State wages, tips, etc. 31720.91
17 State income tax 1550.90	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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15 State Employer's state ID no. VA 30581760235F001	16 State wages, tips, etc. 31720.91
17 State income tax 1550.90	18 Local wages, tips, etc.
19 Local income tax	20 Locality name



**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2020**  
OMB No. 1545-0008

Copy C for employer's records.

d Control number	Dept.	Corp.	Employer use only
895128 LOS2/Z34	000100		A 1733

c Employer's name, address, and ZIP code  
**UST GLOBAL INC**  
**5 POLARIS WAY**  
**ALISO VIEJO CA 92656-5356**

Batch #02000

e/f Employee's name, address, and ZIP code  
**ARUN RAMACHANDRAN SUMANGALA DEVI**  
**912 ALDEN PARKE DR**  
**GLEN ALLEN VA 23059**

b Employer's FED ID number	a Employee's SSA number
26-1539797	XXX-XX-6126
1 Wages, tips, other comp.	2 Federal income tax withheld
87317.64	3486.08
3 Social security wages	4 Social security tax withheld
87317.64	5413.69
5 Medicare wages and tips	6 Medicare tax withheld
87317.64	1266.11
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	C   76.72
14 Other	12b DD   14900.86
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
15 State Employer's state ID no.	16 State wages, tips, etc.
VA 30261539797F001	87317.64
17 State income tax	18 Local wages, tips, etc.
4339.92	
19 Local income tax	20 Locality name

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.

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	VA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	91,228.02	91,228.02	91,228.02	91,228.02
Plus GTL (C-Box 12)	76.72	76.72	76.72	76.72
Less Other Cafe 125	3,987.10	3,987.10	3,987.10	3,987.10
<b>Reported W-2 Wages</b>	<b>87,317.64</b>	<b>87,317.64</b>	<b>87,317.64</b>	<b>87,317.64</b>

2. Employee Name and Address.

**ARUN RAMACHANDRAN SUMANGALA DEVI**  
**912 ALDEN PARKE DR**  
**GLEN ALLEN VA 23059**

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1 Wages, tips, other comp.	2 Federal income tax withheld		
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895128 LOS2/Z34	000100		A 1733

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**UST GLOBAL INC**  
**5 POLARIS WAY**  
**ALISO VIEJO CA 92656-5356**

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ARUN RAMACHANDRAN SUMANGALA DEVI	
912 ALDEN PARKE DR	
GLEN ALLEN VA 23059	
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d Control number	Dept.	Corp.	Employer use only
895128 LOS2/Z34	000100		A 1733

c Employer's name, address, and ZIP code  
**UST GLOBAL INC**  
**5 POLARIS WAY**  
**ALISO VIEJO CA 92656-5356**


b Employer's FED ID number	a Employee's SSA number
26-1539797	XXX-XX-6126
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11 Nonqualified plans	12a See instructions for box 12
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**UST GLOBAL INC**  
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**Mortgage Interest Statement**

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. United Wholesale Mortgage PO Box 77404 Ewing, NJ 08628 855-753-6201		* 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>2020</b> Form 1098	Account number (see instructions) 0121866503
PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code  + 0489361 000005192 09CL98 0924230 J0 SOUMYA CHANDRAMOHAN 912 ALDEN PARKE DR GLEN ALLEN VA 23059-5955 		1 Mortgage interest received from payer(s)/borrower(s)* \$ 6,387.85	2 Outstanding mortgage principal \$ 512,221.32	
10 Other		4 Refund of overpaid interest \$ 0.00	5 Mortgage insurance premiums \$ 0.00	<b>Copy B For Payer/Borrower</b> The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.
11 Mortgage acquisition date		6 Points paid on purchase of principal residence \$ 0.00	7 <input 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.	
Form 1098 (keep for your records)		8 Address or description of property securing mortgage (see instructions) 912 ALDEN PARKE DR GLEN ALLEN VA 23059	9 Number of properties securing the mortgage 01	
www.irs.gov/Form1098		RECIPIENT'S/LENDER'S TIN 21-0534340	PAYER'S/BORROWER'S TIN XXX-XX-7082	

Current Total Payment 2,808.14 Current Escrow Payment 413.83		Disbursement Activity 2020 :
Principal Activity 2020 : Beginning Balance 512,221.32 Payments Applied 3,189.39 Transferred Balance 509,031.93		
Escrow Activity 2020 : Beginning Escrow Balance 1,241.49 Total Deposits 1,655.32 Total Disbursements 0.00 Closing Escrow Balance 2,896.81 *		
* Your closing Escrow Balance has been transferred to your new servicer.		

2020 Net Interest payments reported to IRS \*\*\*\*\* 6,387.85

**Message:** If your loan was also serviced by another company in 2020, you may receive a separate statement from them as well.

**Please Note:** For State Funded Program Participants  
 Your interest may be overstated in Box 1 if all or a portion of your payments are subsidized by a state funded program. Contact your tax advisor with questions.

See the back of this document for answers to frequently asked questions.

Property Address:  
 912 ALDEN PARKE DR  
 GLEN ALLEN VA 23059



\*0003K2\*