2020 W-2 and EARNINGS SUMMARY

Employee Reference Copy 2 Wage and Tax 2 Statement Copy C for employee's records.
d Control number Dept Employer use only 044345 CL12/ZSL

Employer's name, address, and ZIP code

WIPRO LTD 2 TOWER CENTER BL #2200 EAST BRUNSWICK NJ 08816

Batch #02269

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 98-0154401	a Employee's SSA number XXX - XX - 7082						
1	Wages, tips, other comp.	2 Federal income tax withheld						
	50369.25			16.7	1521.35			
3	Social security wages 50369.25	4 Social security tax withit						
5 Medicare wages and tips 50369.25			ledica	re tax wi	thheld 730.37			
7	Social security tips	8 A	llocate	ed tips				
9		10 Dependent care benefits						
11	Nonqualified plans	12a S	ee insti	ructions fo	19.84			
14	Other	12b 12c						
		12c	-	-				
			tat emp.	Ret. plan	3rd party sick pa			
15 State Employer's state ID no. VA 30980154401F001		16 S	tate w	ages, tip	s, etc. 50369.25			
17	State income tax 2557.73	18 L	ocal w	ages, tip	os, 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	Wages Box 5 of W-2	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
Reported W-2 Wages	50,369.25	50,369.25	50,369.25	50,369.25

2. Employee Name and Address.

SOUMYA CHANDRAMOHAN 912 ALDEN PARKE DR GLEN ALLEN VA 23059

© 2020 ADP, Inc

1	Wages, tips, other c 5036	omp. 59.25	2 Federal income tax withheld 1521.35					
3	Social security wage	9.25	4 Social	security	tax withheld 3122.89			
5	Medicare wages and 5036	tips 59.25	6 Medicare tax withheld 730.37					
d 04	Control number	Dept.	Corp.	Emplo T	oyer use only 2383			

Employer's name, address, and ZIP code

WIPRO LTD 2 TOWER CENTER BL #2200 EAST BRUNSWICK NJ 08816

ber a Employee's SSA number XXX-XX-7082					
8 Allocated tips					
10 Dependent care benefits					
12a See instructions for box 12 C 19.84					
12b					
12c					
12d					
13 Stat emp. Ret. plan 3rd party sick pay					

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

15 State VA	Employer's state ID no. 30980154401F001	16 State wages, tips, etc. 50369.25
	Income tax 2557.73	18 Local wages, tips, etc.
19 Loca	l income tax	20 Locality name
		In a Conv

Wage and Tax Statement

1 Wages, tips, other c	2 Federal income tax withher 1521.3					
3 Social security wage 5036	4 Social security tax withheld 3122.89					
5 Medicare wages and 5036	Medicare wages and tips 50369.25		6 Medicare tax withheld 730.3			
d Control number 044345 CL 2/ZSL	Corp.	Emple T	oyer use only 2383			
c Employer's name, ac	idress, a	nd ZIP cod	le			

Fold and Detach Here

2 TOWER CENTER BL #2200 EAST BRUNSWICK NJ 08816

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 C 19.84					
14	Other	12b					
		12c					
		12d					
		13 Stat emp. Ret. plan 3rd party sick pay					
e/f	Employee's name, address a						

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

15 State Employer's state ID no. 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

VA.State Reference Copy Wage and Tax Statement

1	Wages, tips, other co 5036	2 Federal income tax withheld 1521.35										
3	Social security wage 5036	4 Social security tax withhe 3122.8										
5	5 Medicare wages and tips 50369.25			Medicare wages and tips 6 M				Medicare tax withheld 730.37				
d Control number Dept. 044345 CL 12/ZSL				Corp. Employer use T 23								
_	Employer's name at	Idress a	nd	7IP cod	e							

WIPRO LTD 2 TOWER CENTER BL #2200 EAST BRUNSWICK NJ 08816

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 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

SOUMYA CHANDRAMOHAN 912 ALDEN PARKE DR GLEN ALLEN VA 23059

ETAC	15 State	Employer's state ID no. 30980154401F001	16 State wages, tips, etc. 50369.25
			18 Local wages, tips, etc.
FOL	19 Loca	I income tax	20 Locality name

VA.State Filing Copy Wage and Tax Statement

2020 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Copy C for employee's records.

Dept.

Employer use only 275814 LOS2/XAW т Employer's name, address, and ZIP code

INFOSYS LIMITED 2400 N GLENVILLE DR C150 RICHARDSON TX 75082

Batch #01901

2646

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

17 State income tax 1550.90		18 Local wages, tips, etc.								
Α	30-581	760235F-0	9			_		31	720	.91
							Х			sick pay
				_	i.					
Other			_		-	_		103	94.	50
			12	h	ň	_		163		
Nonq	ualified p	lans	12	a Se	- 1	ruct	ions fo	or bo		20
			10	Dep	pend	lent	care	ben	efits	1
Socia	security	/ tips	8	AII	ocat	ed	tips			
33355.51			Ĺ							.65
		33355.51	L					2	068	
Socia	l securit	y wages	4	So	cial	sec	urity	tax	with	held
		31720.91								.19
Wage			2	Fe						
Emplo			a	En						
	Wage Socia Medic Socia Nonqu Other	58-17 Wages, tips, c Social securit Medicare wag Social security Nonqualified p Other	Social security wages 33355.51 Medicare wages and tips 33355.51 Social security tips Nonqualified plans Other State Employer's state ID no	Section Sect	Section Sect	State Employer's state Images State Employer's state Images State Employer's state Images I	State Employer's state ID no. 16 State wages STATO 12 12 12 12 12 13 State wages 16 State wages 17 18 18 18 18 18 18 18	State Employer's state ID ID ID ID ID ID ID I	State Employer's state ID ID ID ID ID ID ID I	State Employer's state D no.

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
Reported W-2 Wages	31,720.91	33,355.51	33,355.51	31,720.91

2. Employee Name and Address.

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

© 2020 ADP, Inc.

1	Wages, tips, other co	2 Federa	al income	tax withheld 534.19			
3	Social security wage	4 Social	security	tax withheld 2068.04			
5	Medicare wages and tips 33355.51		Medicare wages and tips 33355.51 6 Medi	6 Medica	care tax withheld 483.65		
d	Control number	Dept	Corp.	Emplo	yer use only		
27	75814 LOS2/XAW			Т	2646		

20 Locality name

Employer's name, address, and ZIP code

19 Local income tax

INFOSYS LIMITED 2400 N GLENVILLE DR C150 RICHARDSON TX 75082

b Employer 58	's FED ID number -1760235	a E	mplo	yee's S XXX -	SA numi XX-70	er 82
7 Social se	curity tips	8 A	lloca	ated tips		
9		10 D	eper	dent ca	re benefi	ts
11 Nonqualit	ied plans	12a S	See	nstructi	ons for b	ox 12 .36
14 Other		12b	D		1634	.60
		12c	_			
		12d				
		13 50	at em	p. Ret. pla X	n 3rd party	sick pay
e/f Employe	e's name, address	and ZIF	coc	ie		

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

15 : V	State A	Employer's state ID no. 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

Federal Filing Copy Wage and Tax Copy B to be filed with employee's Federal Income Tax Hellurin.

1	Wages, tips, other comp. 31720 . 91					ederal 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 Medi	6 Medica	care tax withheld 483 . 65					
d	Control number	Corp.	Emplo	yer use only				
275814 LOS2/XAW				Т	2646			

Fold and Detach Here

INFOSYS LIMITED 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
9		10 Dependent care benefits
11	Nonqualified plans	12a C 9.36
14 Other	Other	12b D 1634.60
		12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pay

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

15 V	State A	Employer's state ID no. 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

V	A.State Reference Copy
W-2	Wage and Tax 2020
WW Z	Wage and Tax 2020 Statement

1	33355.51			Federal income tax withheld 534.19			
3						tax withheld 2068.04	
5					Medica	Medicare tax withheld 483.65	
d	Control number	Dept		Corp.	Emp	layer use anly	
27	5814 LOS2/XAW				T	2646	

Employer's name, address, and ZIP code

INFOSYS LIMITED 2400 N GLENVILLE DR C150 **RICHARDSON TX 75082**

ь	Employer's FED ID number 58-1760235	a Employee's SSA number XXX-XX-7082			
7	Social security tips	8 Allocated tips			
9		10 1	Depen	dent care	benefits
11	Nonqualified plans	12a	C		9.36
14	Other	12b	D		1634.60
		12c			
		12d			7-19
	Employee's name, address ar			l X	3rd party sick p

SOUMYA CHANDRAMOHAN 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.	
	20 Locality name	

VA.State Filing Copy Wage and Tax Statement

2020 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Copy C for employee's records.

Dept.

Employer use only 895128 L0S2/Z34 000100 1733

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

Batch #02000

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

b	Emplo	yer's FED ID number 26-1539797	a Employee's SSA number XXX-XX-6126				
1	Wage	s, tips, other comp.	2 Federal income tax withheld				
		87317.64	3486.08				
3	Socia	security wages	4 Social security tax withheld	_			
87317.64			5413.69				
5	Medic	are wages and tips	6 Medicare tax withheld				
		87317.64	1266.11				
7 Social security tips			8 Allocated tips				
9 11 Nonqualified plans			10 Dependent care benefits				
		alified plans	12a See instructions for box 12 C 76.72	-			
	Other		12b DDI 14900.86	-			
14	Other		12c	_			
			12d				
			13 Stat emp. Ret. plan 3rd party sick p				
15	State	Employer's state ID no	o. 16 State wages, tips, etc.	_			
1	VA	30261539797F001	87317.64				
17	State	income tax	18 Local wages, tips, etc.	_			
146		4339.92					

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
Reported W-2 Wages	87,317.64	87,317.64	87,317.64	87,317.64

2. Employee Name and Address.

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

C 2020 ADP, Inc.

1	Wages, tips, other comp. 87317.64		2 Federa	al income	tax withheld 3486.08
3	Social security wages 87317.64		4 Social	security	tax withheld 5413.69
5	Medicare wages an	tips 17.64	6 Medic	are tax wi	thheld 1266.11
d	Control number	Dept.	Corp.	Emplo	yer use only
89	95128 L0S2/Z34	000100		Α	1733

20 Locality name

Employer's name, address, and ZIP code

19 Local income tax

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

b Employer's FED ID number 26-1539797	a Employee's SSA number XXX-XX-6126
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
e# Employee's name, address	and ZIP code

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

15 State VA	Employer's state ID no. 30261539797F001	16 State wages, tips, etc. 87317.64
17 State	income tax 4339.92	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name

Federal Fil	ing Copy
Mage ar	nd Tax 2020 nent OMB No. 1545-0008
Conv B to be filed with employee's Fed	ent 0M8 No 1545-0008
Conv B to be filed with employee's Fed	leral Income Tax Return.

1 Wages, tips, other comp. 87317.64		2 Federa	al income	tax withheld 3486.08
3 Social security wages 87317.64		4 Social	security	tax withheld 5413.69
5 Medicare wages an 873	d tips 17.64	6 Medic	are tax wi	thheld 1266.11
d Control number 895128 LOS2/Z34	Dept. 000100	Corp.	Emplo A	yer use only 1733
c Employer's name, a	ddress, ar		le	

Fold and Detach Here

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

b	Employer's FED ID number 26-1539797	a Employ	ee's SS CXX-X	A number X-6126
7	Social security tips	8 Allocat	ed tips	
9		10 Depend	lent care	benefits
11	Nonqualified plans	12a C		76.72
14 Other	Other	12b DD	1	4900.86
		12c		and the state of
		12d		
		13 Stat emp.	Ret. plan	3rd party sick par
e/f	Employee's name, address a		1	olu party olon p

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

15 State VA	Employer's state ID no. 30261539797F001	16 State wages, tips, etc. 87317.64
		18 Local wages, tips, etc.
19 Loca	l income tax	20 Locality name

VA	State Reference Copy
W-2	Wage and Tax 2020
VV Z	State Reference Copy Wage and Tax 2020 Statement DIAM No. 1545-0008

1	Wages, tips, other comp. 87317.64		2	Federa	l income	tax withheld 3486.08
3	Social security wages 87317.64		4	Social	security (tax withheld 5413.69
5	Medicare wages an 873	d tips 17.64	6	Medica	re tax wit	thheld 1266.11
d	Control number	Dept	Г	Corp.	Emple	oyer use only
89	95128 L0S2/Z34	000100			Α	1733
С	Employer's name,	address, a	nd	ZIP cod	е	

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

b	Employer's FED ID number 26-1539797		e's SSA number CX-XX-6126
7	Social security tips	8 Allocated	l tips
9		10 Depender	nt care benefits
11	Nonqualified plans	12a C	76.72
14	Other	12b DD	14900.86
		12c	
		12d	
		13 Stat emp. R	et plan 3rd party sick

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

15 State Employer's state ID no. VA 30261539797F001	16 State wages, tips, etc. 87317.64
	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
VA State Fil	

Wage and Tax 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		* 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 2020 Form 1098	Mortgage Interest Statement	
Ewing, NJ 08628 855-753-6201		1 Mortgage interest received from payer(s)/borrower(s)* 6,387.85			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 + 0489363 000005392 09CL98 0924230 Jo SOUMYA CHANDRAMOHAN 912 ALDEN PARKE DR GLEN ALLEN VA 23059-5955		2 Outstanding mortgage principal \$ 512,221.32	3 Mortgage	origination date 10/28/19	I CODV D	
		4 Refund of overpald interest 0.00	5 Mortgage	insurance premiums 0.00	The Information in boxes 1 through 9 and 11 is important tax Information and is being	
		6 Points paid on purchase of principal residence s 0.00			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 of for these points, reported in boxes 1 and 6; or because you didn't report the refund o interest (box 4); or because you claimed a nondeductible item	
		7 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.				
		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				
) Other	11 Mortgage acquisition date	RECIPIENT'S/LENDER'S TIN 21-0534340			PAYER'S/BORROWER'S TIN XXX-XX-7082	
Form 1098	(keep for your records)	Many ire gov/Form1000	D-			

Disbursement Activity 2020: Current Total Payment 2,808.14 Current Escrow Payment 413.83 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.

www.irs.gov/Form1098

2020 Net Interest payments reported to IRS ******

(keep for your records)

6,387.85

Department of the Treasury - Internal Revenue Service

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.