		Void	c Employer's name, address, and ZIP code MINDTREE LIMITED		Department of the Treasury - Internal Revenue Service			
b Employer's identification number g Employee's social security number 805-48-9445 13 Statutory Retirement Third-party sick pay			25 INDEPENDENCE BLVD STE 401 WARREN NJ 07059					
					3 Social security wages	4 Social security tax withheld		
12 See Instrs. for Box 12 14 Other W 300.00			e Employee's name, address, and ZIP code JEEVITHA KAMATHAM		5 Medicare wages and tips	6 Medicare tax withheld		
3693.18 4080.72			14015 N 94 ST APT 1109		7 Social security tips	8 Allocated tips		
			SCOTTSDALE AZ 85260			10 Dependent care benefits	11 Nonqualified plans	
Fmnlover's state	ID No. 16 Stat			T				
980215091	10 Sta				18 Local wages, tips,	etc. 19 Local income tax	20 Locality name	
	OOOOEO The identification number O215091 Itory Retire plan Strs. for Box 12 14 300.00 3693.18 4080.72	0215091 805-48-94 strs. for Box 12 14 Other	0000E00005-000100 r's identification number 0215091 dory Retirement Third-party sick pay strs. for Box 12 14 Other 300.00 3693.18 4080.72 Employer's state I.D. No. 16 State wages,	O000E00005-000100	O000E00005-000100 The identification number of Bo5-48-9445 MINDTREE LIMITED 25 INDEPENDENCE BLVD 300.00 Strs. for Box 12 300.00 3693.18 4080.72 Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	O000E00005-000100 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local wages, etc.	OCOCEOOOS-000100 The identification number of	

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.

Form W-2 Wage and Tax Statement 2020

Copy B, to be filed with employees FEDERAL tax return

		567 0005-000100		c Employer's name, address, and ZIP code MINDTREE LIMITED		Department of the Treasury - Internal Revenue Service		
b Employer's identification number 98-0215091 Retirement Third-party sick pay 12 See Instrs. for Box 12 14 Other W 300.00			ty number 25 II	NDEPENDENCE BLVD	STE 401	OMB No. 1545-0008		
			arty	EN NJ 07059		1 Wages, tips, other compensation 69508.78	2 Federal income tax withheld 7458 43	
						3 Social security wages	4 Social security tax withheld	
				ee's name, address, and ZIP code	e	5 Medicare wages and tips	6 Medicare tax withheld	
D 3693.18 DD 4080.72			14015 APT	5 N 94 ST 1109		7 Social security tips	8 Allocated tips	
			SCOT	TSDALE AZ 85260		10 Dependent care benefits	11 Nonqualified plans	
15 State	Employer's state	I.D. No. 16 State	wages, tips, etc.	17 State income tax	18 Local wages, tips, e	etc. 19 Local income tax	20 Locality name	
AZ 980215091		69508.78	1876.69	ro cocar mages, tips, e	15 Local Income tax	20 Locality Hallie		

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.

Form W-2 Wage and Tax Statement 2020

Copy 2, to be filed with employees tax return for AZ

0000E00005-000100	oid c Employer's name, address, and ZIP code MINDTREE LIMITED		Department of the Treasury - Internal Revenue Service		
98-0215091 B05-48-944	nber 25 INDEPENDENCE BLVD STE 401	OMB No. 1545-0008 1 Wages, tips, other compensation 2 Federal income tax withheld 69508 78 7458 43			
98-0215091 805-48-9445 3 Statutory Retirement Third-party	WARREN NJ 07059				
employee plan sick pay		3 Social security wages	4 Social security tax withheld		
2 See Instrs. for Box 12 14 Other W 300.00	e Employee's name, address, and ZIP code JEEVITHA KAMATHAM	5 Medicare wages and tips	6 Medicare tax withheld		
D 3693.18 DD 4080.72	14015 N 94 ST APT 1109	7 Social security tips	8 Allocated tips		
	SCOTTSDALE AZ 85260	10 Dependent care benefits	11 Nonqualified plans		
5 State Employer's state I.D. No. 16 State w	or tips ats 17 State in				
AZ 980215091	es, tips, etc. 17 State income tax 18 Local wages, tip 1876.69	ps, etc. 19 Local income tax	20 Locality name		

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.

Form W-2 Wage and Tax Statement 2020

d Control number Void X			c Employer's name, address, and ZIP code	Department of the Treasury - Internal Revenue Service	
b Employer's identification numb	Employer's identification number a Employee's social security number			OMB No. 1545-0008	
13 Statutory R	Retirement Thi	ird-party		1 Wages, tips, other compensation	2 Federal income tax withheld
employee p		k pay		3 Social security wages	4 Social security tax withheld
12 See Instrs. for Box 12	14 Other		e Employee's name, address, and ZIP code	5 Medicare wages and tips	6 Medicare tax withheld
				7 Social security tips	8 Allocated tips
				10 Dependent care benefits	11 Nonqualified plans
15 State Employer's sta	nte I.D. No. 16 St	tate wages, t	ips, etc. 17 State income tax 18 Local wages, tip	s, etc. 19 Local income tax	20 Locality name