						F	ederal Box 1	Soc. Sec. Box 3 & 7	Medicare Box 5
To the right is an explanation of the contents of the wage haves on your W.2						es	91817.3	91817.3	9 91817.39
To the right is an explanation of the contents of the wage boxes on your W-2. Please note that the Gross amount shown may include adjustments.					Gross Wage Txbl Benefi		31017.5	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	31017.33
						n Life	40.50	40.5	0 40.50
					Adoption Deferred Co	omp			
					Section 12	125 (1565.94) (1565.94) ((1565.94)
						x/Wage Limit			
D. CONTROL NUMBER	Twee control				W-2 Wages	PS, OTHER COMPENSATION	90291.9	5 90291.9 2. FEDERAL INCOME TAX	
000245809801	This Information is to the Internal Rev	enue Service	2021	OMB NO. 1545-0008		90291.9	5		15367.81
B. EMPLOYER IDENTIFICATION O4-2437166	EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER 1-2437166 XXX-XX-3152				3. SOCIAL SECURITY WAGES 90291.95			4. SOCIAL SECURITY TAX WITHHELD 5598.10	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE						WAGES AND TIPS 90291.9		6. MEDICARE TAX WITHHELD 1309.24	
NTT DATA, Inc 7950 Legacy Dr						CURITY TIPS		8. ALLOCATED TIPS	
Suite 900 Plano TX 75024								O. DEPENDENT CARE B	ENEFITS
Tallo IX 7552 I									
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Mastan V Shaik						IFIED PLANS	1	2.a-d _C	40.50 1007.00
9416 Grove Side Lane								DD	4068.58
906 Charlotte NC 28262							-	.3. STATUTORY RETIRE	MENT THIRD PARTY
EJSAMPLOYEE'S ADDRES	16. STATE WAGE	S TIPS ETC	ΔX	18. LOCAL WAGES, TIPS		OCAL INCOME TAX	20. LOCALITY NAME		
NC 101028		10.31ATE WAGE	90291.9		4302.00	18. LOCAL WAGES, TIPS	s, etc. 19. t	OCAE INCOINE TAX	20. LOCALITI NAINE
D. CONTROL NUMBER	This Information is	haing franishad			1. WAGES. T	PS, OTHER COMPENSATION	ON	2. FEDERAL INCOME TAX	WITHHELD
000245809801	to the Internal Re	venue Service	2021	OMB NO. 1545-0008		90291.9	5		15367.81
B. EMPLOYER IDENTIFIC 04-2437166	ATION NUMBER	A. EMPLOYEE'S S XXX-XX-3152		RITY NUMBER	3. SOCIAL SE	CURITY WAGES 90291.9		4. SOCIAL SECURITY TA	X WITHHELD 5598.10
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE NTT DATA, Inc					5. MEDICARE	5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD			1309.24
7950 Legacy Dr					7. SOCIAL SEC	11.1.1.1			
Suite 900 Plano TX 75024					9.	9. 10. DEPENDENT CARE BENEFITS			
Tidilo 1X 73024									
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Mastan V Shaik					11. NONQUAL	IFIED PLANS	1	2.a-d C W	40.50 1007.00
9416 Grove Side La	ane				14. OTHER			DD	4068.58
906 Charlotte NC 28262	2							3. STATUTORY RETIRE	MENT THIRD PARTY
LJSAIPLOYEE'S ADDRES	S AND ZIP CODE R'S STATE I.D. NO.	16. STATE WAGE	S, TIPS, ETC	. 17. STATE INCOME T	AX	18. LOCAL WAGES, TIPS		EMPLOYEE PLAN	20. LOCALITY NAME
NC 101028	224		90291.9	5	4302.00				
Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return 2021 Dept. of the Treasury - Internal Revenue Service FORM W-2 Wage and Tax Statement									
D. CONTROL NUMBER	This Information is				1 WAGES TI	PS, OTHER COMPENSATION	ON I	2. FEDERAL INCOME TAX	WITHHELD
000245809801	to the Internal Rev	enue Service	2021	OMB NO. 1545-0008		90291.9	5		15367.81
B. EMPLOYER IDENTIFIC 04-2437166	ATION NUMBER	A. EMPLOYEE'S S XXX-XX-3152		RITY NUMBER	3. SOCIAL SE	CURITY WAGES 90291.9		4. SOCIAL SECURITY TA	X WITHHELD 5598.10
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE						WAGES AND TIPS		6. MEDICARE TAX WITH	HELD
NTT DATA, Inc 7950 Legacy Dr					7. SOCIAL SEC	90291.9 CURITY TIPS		8. ALLOCATED TIPS	1309.24
Suite 900 Plano TX 75024								.O. DEPENDENT CARE BI	ENERITS
E. EMPLOYEE'S FIRST NA Mastan V	AME AND INITIAL	LAST NA Shaik	ME	SUFF.	11. NONQUAL	IFIED PLANS	1	I2.a-d C W	40.50 1007.00
9416 Grove Side La	ane				14. OTHER			DD	4068.58
906 Charlotte NC 28262)						-	3, STATUTORY RETIRE	MENT THIRD PARTY
EJ\$M PLOYEE'S ADDRES		16. STATE WAGE	S. TIPS. FTC	. 17. STATE INCOME T	AX	18. LOCAL WAGES, TIPS		EMPLOYEE PLAN	20. LOCALITY NAME
NC 101028			90291.9		4302.00	·			
Copy 2 To be filed FORM W-2 Wag			ΓY, or LOC	CAL tax return	2021	[Dept. of tl	ne Treasury - Inter	nal Revenue Service
D. CONTROL NUMBER	This Information is				1 WAGES TO	PS, OTHER COMPENSATION	ON I	2. FEDERAL INCOME TAX	WITHHELD
000245809801	to the Internal Rev	enue Service	2021	OMB NO. 1545-0008		90291.9	5		15367.81
B. EMPLOYER IDENTIFIC 04-2437166	ATION NUMBER	A. EMPLOYEE'S S XXX-XX-3152		RITY NUMBER	3. SOCIAL SE	CURITY WAGES 90291.9		4. SOCIAL SECURITY TA	X WITHHELD 5598.10
C. EMPLOYER'S NAME,	ADDRESS, AND ZIP (5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WITH	IHELD
NTT DATA, Inc 7950 Legacy Dr						90291.9 CURITY TIPS		8. ALLOCATED TIPS	1309.24
Suite 900					9.			.O. DEPENDENT CARE B	ENERITS
Plano TX 75024					,				
E. EMPLOYEE'S FIRST NA		LAST NA		SUFF.	11. NONQUAL			12.a-d C	