

# 2021 W-2 and EARNINGS SUMMARY



## Employee Reference Copy W-2 Wage and Tax Statement 2021

OMB No. 1545-0008

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
639987 CL12/LRL	000		A 9288

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

Batch #02594

e/f Employee's name, address, and ZIP code  
**VAMSEE KRISHNA KAKUMANU**  
 930 ROCKEFELLER DR , APT 6A  
 SUNNYVALE CA 94087

b Employer's FED ID number	a Employee's SSA number
98-0429806	XXX-XX-2153

1 Wages, tips, other comp.	2 Federal income tax withheld
134356.85	14028.95
3 Social security wages	4 Social security tax withheld
134356.85	8330.12
5 Medicare wages and tips	6 Medicare tax withheld
134356.85	1948.17
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	C   19.23
14 Other 1539.58 SDI	12b W   999.98
	12c DD   14083.58
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
15 State Employer's state ID no.	16 State wages, tips, etc.
CA 354-7670 4	135356.83
17 State income tax	18 Local wages, tips, etc.
7057.21	
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	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	141,389.44	141,389.44	141,389.44	141,389.44
Plus GTL (C-Box 12)	19.23	19.23	19.23	19.23
Less Other Cafe 125	6,051.84	6,051.84	6,051.84	6,051.84
Less Cafe 125 HSA (W-Box 12)	999.98	999.98	999.98	N/A
<b>Reported W-2 Wages</b>	<b>134,356.85</b>	<b>134,356.85</b>	<b>134,356.85</b>	<b>135,356.83</b>

### 2. Employee Name and Address.

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## Federal Filing Copy W-2 Wage and Tax Statement 2021

## CA. State Reference Copy W-2 Wage and Tax Statement 2021

## CA. State Filing Copy W-2 Wage and Tax Statement 2021

Form 1095-C

Department of the Treasury Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.

CMB No. 1545-2251

2021

Part I Employee

Applicable Large Employer Member (Employer)

1 Name of employee (first name, middle initial, last name) KAKUMANU VAMSEE
2 Social security number (SSN) \*\*\*\*-\*\*-2153
3 Street address (including apartment no.) 930 ROCKEFELLER DR APT 6A
4 City or town SUNNYVALE CA
5 State or province CA
6 Country and ZIP or foreign postal code 94087-2144
7 Name of employer TATA AMERICA INTERNATIONAL CORP
8 Employer identification number (EIN) 13-2805758
9 Street address (including room or suite no.) 379 THORNAIL STREET 4TH FLOOR
10 Contact telephone number (732) 852-0793
11 City or town EDISON NJ
12 State or province NJ
13 Country and ZIP or foreign postal code 08837

Part II Employee Offer of Coverage

Employee's Age on January 1

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

Table with columns for months (Jan-Dec) and rows for Offer of Coverage (1E, 2C) and Contribution (\$ 143.00, \$ 143.00).

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. [X]

Table with columns for individual name, SSN/TIN, DOB, and months of coverage (Jan-Dec).