

MSKV TECHNOLOGIES INC
 1526 KATY GAP RD UNIT # 904
 KATY TX 77494

ASHWITHA NAGIREDDY
 7218 W 115TH ST
 APT#1008
 OVERLAND PARK KS 66210

Form W-2 Wage and Tax Statement 2021

Copy C, for employee's records

d Control number 0060-Y6119750 000000084 - DEPART		Void	c Employer's name, address, and ZIP code MSKV TECHNOLOGIES INC 1526 KATY GAP RD UNIT # 904 KATY TX 77494			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
b Employer identification number (EIN) 81-1415415		a Employee's social security number 767-43-7008				1 Wages, tips, other compensation 12600.00		2 Federal income tax withheld 801.60	
13 Statutory employee		Retirement plan		Third-party sick pay		3 Social security wages		4 Social security tax withheld	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code ASHWITHA NAGIREDDY 7218 W 115TH ST APT#1008 OVERLAND PARK KS 66210		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 KS	Employer's state ID number 036811415415F01		16 State wages, tips, etc. 12600.00	17 State income tax 442.92	18 Local wages, tips, 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 2021

Copy B, to be filed with employee's FEDERAL tax return

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15 State KS	Employer's state ID number 036811415415F01		16 State wages, tips, etc. 12600.00	17 State income tax 442.92	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

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Form W-2 Wage and Tax Statement 2021

Copy 2, to be filed with employee's tax return for KS

d Control number 0060-Y6119750 000000084 - DEPART		Void	c Employer's name, address, and ZIP code MSKV TECHNOLOGIES INC 1526 KATY GAP RD UNIT # 904 KATY TX 77494			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
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15 State KS	Employer's state ID number 036811415415F01		16 State wages, tips, etc. 12600.00	17 State income tax 442.92	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

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Form W-2 Wage and Tax Statement 2021

d Control number		Void X	c Employer's name, address, and ZIP code			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
b Employer identification number (EIN)		a Employee's social security number				1 Wages, tips, other compensation		2 Federal income tax withheld	
13 Statutory employee		Retirement plan		Third-party sick pay		3 Social security wages		4 Social security tax withheld	
12 See instructions 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 state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

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Notice to Employee

Do you have to file? Refer to the Instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2021 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2021 or if income is earned for services provided while you were an inmate at a penal institution. For 2021 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and SSA.

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2021 and more than \$8,853.60 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$5,203.80 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Instructions for Forms 1040 and 1040-SR.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,500 (\$13,500 if you only have SIMPLE plans; \$22,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2021, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Instructions for Forms 1040 and 1040-SR.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Instructions for Forms 1040 and 1040-SR for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Instructions for Forms 1040 and 1040-SR.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Instructions for Forms 1040 and 1040-SR for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Instructions for Forms 1040 and 1040-SR.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a taxexempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employer to the employer in railroad retirement (RRTA) compensation. Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Form W-2 Wage and Tax Statement 2021

d Control number 0065-00904012 0000001001 - KS STA		Void	c Employer's name, address, and ZIP code APR STAFFING LLC 5319 SW WESTGATE DRIVE SUITE 1 PORTLAND OR 97221			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
b Employer identification number (EIN) 47-0886782		a Employee's social security number XXX-XX-8640				1 Wages, tips, other compensation 25968.00		2 Federal income tax withheld 2196.00		
13 Statutory employee		Retirement plan		Third-party sick pay		3 Social security wages		4 Social security tax withheld		
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code ANEESH KETHI REDDY 7218 W 115TH STREET UNIT 1008 OVERLAND PARK KS 66210		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 KS	Employer's state ID number 036470886782F01		16 State wages, tips, etc. 25968.00	17 State income tax 1121.15	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			

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Form W-2 Wage and Tax Statement 2021		7 Social security tips	1 Wages, tips, other comp. 96322.00	2 Federal income tax withheld 10242.77
c Employer's name, address, and ZIP code MODIS, INC. 10151 DEERWOOD PARK BOULEVARD BUILDING 200, SUITE 400 JACKSONVILLE FL 32256		8 Allocated tips	3 Social security wages	4 Social security tax withheld
e Employee's name, address, and ZIP code ANEESH REDDY KETHI REDDY 7218 W 115TH STREET UNIT 1008 OVERLAND PARK KS 66210		9	5 Medicare wages and tips	6 Medicare tax withheld
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b
		b Employer identification number (EIN) 65-0000600		12c
		a Employee's social security no. 645-81-8640		12d
15 State KS	Employer's state I.D. no. 65-0000600	16 State wages, tips, etc. 96322.00	17 State income tax 4399.00	18 Local wages, tips, etc.
			19 Local income tax	20 Locality name
Copy B To Be Filed With Employee's FEDERAL Tax Return		This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008		Dept. of the Treasury - IRS Visit the IRS Web Site at www.irs.gov/efile

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Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)		OMB No. 1545-0008		Dept. of the Treasury - IRS

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		OMB No. 1545-0008		Dept. of the Treasury - IRS

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		OMB No. 1545-0008		Dept. of the Treasury - IRS



Employee Reference Copy
W-2 Wage and Tax Statement 2021

Copy C for employer's records. OMB No. 1545-0008

d Control number	Dept.	Corp.	Employer use only
288679 LOS2/XAW			A 13328

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

Batch #03371

e/f Employee's name, address, and ZIP code
ASHWITHA NAGIREDDY
7218 W 115TH ST
1008
OVERLAND PARK KS 66210

b Employer's FED ID number	a Employee's SSA number
58-1760235	XXX-XX-7008
1 Wages, tips, other comp.	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	DD 1731.48
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
	X
15 State Employer's state ID no.	16 State wages, tips, etc.
KS 036-581760235F01	
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

ADDITIONAL W-2 FOR BOX 12 OR BOX 14 OVERFLOW

ASHWITHA NAGIREDDY
7218 W 115TH ST
1008
OVERLAND PARK KS 66210

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Fold and Detach Here

1 Wages, tips, other comp.	2 Federal income tax withheld		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
d Control number	Dept.	Corp.	Employer use only
288679 LOS2/XAW			A 13328
c Employer's name, address, and ZIP code			
INFOSYS LIMITED			
2400 N GLENVILLE DR C150			
RICHARDSON TX 75082			
b Employer's FED ID number	a Employee's SSA number		
58-1760235	XXX-XX-7008		
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9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	DD 1731.48		
14 Other	12b		
	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay		
	X		
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	12d		
	13 Stat emp. Ret. plan 3rd party sick pay		
	X		
e/f Employee's name, address and ZIP code			
ASHWITHA NAGIREDDY			
7218 W 115TH ST			
1008			
OVERLAND PARK KS 66210			
15 State Employer's state ID no.	16 State wages, tips, etc.		
KS 036-581760235F01			
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

1 Wages, tips, other comp.	2 Federal income tax withheld		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
d Control number	Dept.	Corp.	Employer use only
288679 LOS2/XAW			A 13328
c Employer's name, address, and ZIP code			
INFOSYS LIMITED			
2400 N GLENVILLE DR C150			
RICHARDSON TX 75082			
b Employer's FED ID number	a Employee's SSA number		
58-1760235	XXX-XX-7008		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	DD 1731.48		
14 Other	12b		
	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay		
	X		
e/f Employee's name, address and ZIP code			
ASHWITHA NAGIREDDY			
7218 W 115TH ST			
1008			
OVERLAND PARK KS 66210			
15 State Employer's state ID no.	16 State wages, tips, etc.		
KS 036-581760235F01			
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

Federal Filing Copy
W-2 Wage and Tax Statement 2021

Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

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

Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

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

Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

FOLD AND DETACH HERE

FOLD AND DETACH HERE



Employee Reference Copy W-2 Wage and Tax Statement 2021

Copy C for employee's records. d Control number 288679 LOS2/XAW Dept. Corp. Employer use only A 13327

c Employer's name, address, and ZIP code INFOSYS LIMITED 2400 N GLENVILLE DR C150 RICHARDSON TX 75082 Batch #03371

e/f Employee's name, address, and ZIP code ASHWITHA NAGIREDDY 7218 W 115TH ST 1008 OVERLAND PARK KS 66210

Table with 20 columns for tax details: 1 Wages, tips, other comp. 15041.12; 2 Federal income tax withheld 1959.41; 3 Social security wages; 4 Social security tax withheld; 5 Medicare wages and tips; 6 Medicare tax withheld; 7 Social security tips; 8 Allocated tips; 9; 10 Dependent care benefits; 11 Nonqualified plans; 12a See instructions for box 12 C 4.90; 12b D 130.76; 12c W 500.00; 12d AA 65.38; 13 Stat emp. Ret. plan 3rd party sick pay X; 15 State Employer's state ID no. KS 036-581760235F01; 16 State wages, tips, etc. 15041.12; 17 State income tax 730.75; 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.

Table with 5 columns: Wages, Tips, other Compensation Box 1 of W-2; Social Security Wages Box 3 of W-2; Medicare Wages Box 5 of W-2; KS. State Wages, Tips, Etc. Box 16 of W-2. Rows include Gross Pay (16,346.15), Plus GTL (C-Box 12) (4.90), Less 401(k) (D-Box 12) (130.76), Less Other Cafe 125 (679.17), Less Cafe 125 HSA (W-Box 12) (500.00), Less Exempt Wages (N/A), and Reported W-2 Wages (15,041.12).

2. Employee Name and Address.

ASHWITHA NAGIREDDY 7218 W 115TH ST 1008 OVERLAND PARK KS 66210

© 2021 ADP, Inc.

Fold and Detach Here

Form 1: Wages, tips, other comp. 15041.12; Federal income tax withheld 1959.41; Social security wages; Social security tax withheld; Medicare wages and tips; Medicare tax withheld; Control number 288679 LOS2/XAW; Dept. Corp. Employer use only A 13327; Employer's name, address, and ZIP code INFOSYS LIMITED 2400 N GLENVILLE DR C150 RICHARDSON TX 75082; Employee's name, address, and ZIP code ASHWITHA NAGIREDDY 7218 W 115TH ST 1008 OVERLAND PARK KS 66210; State KS 036-581760235F01; State wages, tips, etc. 15041.12; State income tax 730.75; Local wages, tips, etc.; Local income tax; Locality name

Federal Filing Copy W-2 Wage and Tax Statement 2021

Form 2: Wages, tips, other comp. 15041.12; Federal income tax withheld 1959.41; Social security wages; Social security tax withheld; Medicare wages and tips; Medicare tax withheld; Control number 288679 LOS2/XAW; Dept. Corp. Employer use only A 13327; Employer's name, address, and ZIP code INFOSYS LIMITED 2400 N GLENVILLE DR C150 RICHARDSON TX 75082; Employee's name, address, and ZIP code ASHWITHA NAGIREDDY 7218 W 115TH ST 1008 OVERLAND PARK KS 66210; State KS 036-581760235F01; State wages, tips, etc. 15041.12; State income tax 730.75; Local wages, tips, etc.; Local income tax; Locality name

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

Form 3: Wages, tips, other comp. 15041.12; Federal income tax withheld 1959.41; Social security wages; Social security tax withheld; Medicare wages and tips; Medicare tax withheld; Control number 288679 LOS2/XAW; Dept. Corp. Employer use only A 13327; Employer's name, address, and ZIP code INFOSYS LIMITED 2400 N GLENVILLE DR C150 RICHARDSON TX 75082; Employee's name, address, and ZIP code ASHWITHA NAGIREDDY 7218 W 115TH ST 1008 OVERLAND PARK KS 66210; State KS 036-581760235F01; State wages, tips, etc. 15041.12; State income tax 730.75; Local wages, tips, etc.; Local income tax; Locality name

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



State of Oregon
 Department of Revenue
 955 Center St NE
 Salem OR 97301-2555
 F.E.I.N. 93-6001960

Form 1099-G

Statement for
 Recipients of
 CERTAIN
 GOVERNMENT
 PAYMENTS
 Copy B
 for Recipient

2021

Important: This is not a bill or notice of an additional refund. Do not destroy. Keep with your tax records.

000361085

Recipient's Identification Number ***-**-8640 ***-**-6419

Refunds for Tax Year 2020	TriMet Self-employment Tax Refunds	Lane Transit District Self-employment Tax Refunds	Statewide Transit Individual Tax Refunds	State Income Tax Refunds	Total Tax Refunds
	\$0.00	\$0.00	\$0.00	\$276.00	\$276.00

Instructions to Recipient

This is important tax information and is being furnished to the Internal Revenue Service (IRS). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable, and the IRS determines that it has not been reported.

If you itemized deductions on your federal income tax return for the tax year shown above, retain this form for use in completing your 2021 federal income tax return. See your federal 1040 instruction booklet for more information.

This notice reports the refunds you were allowed during 2021 for the tax year shown above. An overpayment of income tax is considered to be a refund whether it was mailed to you, deposited into your bank account, credited to estimated tax payments, applied to a balance of tax due for a prior year, applied against other debts owed to the State of Oregon or the IRS, contributed to a charitable agency on Schedule OR-DONATE, deposited into an Oregon College Savings Plan, or contributed to a political party.

Questions? www.oregon.gov/dor; 503-378-4988 or 800-356-4222; or questions.dor@oregon.gov. Contact us for ADA accommodations or assistance in other languages.

150-101-078 (Rev. 08-31-21)



OREGON DEPARTMENT OF REVENUE
 955 CENTER STREET NE
 SALEM OR 97301-2555

000361085

Postage
 Required.
 Post Office will
 not deliver
 without proper
 postage.



Anesh Reddy Kethi Reddy
 Ashwitha Nagireddy
 7218 W. 115th St., Apt. 1008
 Overland Park, KS 66210-2685



State of Oregon
 Department of Revenue
 955 Center St NE
 Salem OR 97301-2555
 F.E.I.N. 93-6001960

Form **1099-G**

Statement for
 Recipients of
 CERTAIN
 GOVERNMENT
 PAYMENTS
 Copy B
 for Recipient

2021

Important: This is not a bill or notice of an additional refund. Do not destroy. Keep with your tax records.

000361086

Recipient's Identification Number		***-**-8640	***-**-6419			
Refunds for Tax Year 2019	TriMet Self-employment Tax Refunds	Lane Transit District Self-employment Tax Refunds	Statewide Transit Individual Tax Refunds	State Income Tax Refunds	Total Tax Refunds	
	\$0.00	\$0.00	\$0.00	\$1,523.00	\$1,523.00	

Instructions to Recipient

This is important tax information and is being furnished to the Internal Revenue Service (IRS). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable, and the IRS determines that it has not been reported.

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This notice reports the refunds you were allowed during **2021** for the tax year shown above. An overpayment of income tax is considered to be a refund whether it was mailed to you, deposited into your bank account, credited to estimated tax payments, applied to a balance of tax due for a prior year, applied against other debts owed to the State of Oregon or the IRS, contributed to a charitable agency on Schedule OR-DONATE, deposited into an Oregon College Savings Plan, or contributed to a political party.

Questions? www.oregon.gov/dor; 503-378-4988 or 800-356-4222; or questions.dor@oregon.gov. Contact us for ADA accommodations or assistance in other languages.

150-101-078 (Rev. 08-31-21)



**OREGON DEPARTMENT OF REVENUE
 955 CENTER STREET NE
 SALEM OR 97301-2555**

000361086

Postage
 Required.
 Post Office will
 not deliver
 without proper
 postage.



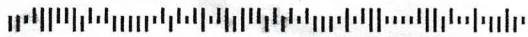
Aneesh Reddy Kethi Reddy
 Ashwitha Nagireddy
 7218 W. 115th St., Apt. 1008
 Overland Park, KS 66210-2685



Department of the Treasury
Internal Revenue Service
Austin, TX 73301-0003

Date:
January 12, 2022
For assistance, call:
800-919-9835
Or visit:
IRS.gov/eip

179657-TL-17/T59 P1/0031578
A KETHI REDDY
7218 W 115TH ST APT 1008
OVERLAND PARK, KS 66210-2685



Your 2021 Economic Impact Payment(s)
Keep this information with your tax records.

Why you received this letter.

Under the American Rescue Plan, the Internal Revenue Service (IRS) issued you 2021 Economic Impact Payment(s) for the following total amount:

Total 2021 Economic Impact Payment(s): \$700.00

What do you need to do?

This Economic Impact Payment isn't considered taxable income, and you shouldn't report it as income on your 2021 federal income tax return. However, you'll need the total payment amount shown above to determine whether you're eligible to claim the Recovery Rebate Credit on your 2021 federal income tax return.

If you think you didn't receive the full amount of the third Economic Impact Payment you were entitled to, you must file a 2021 federal income tax return to claim the Recovery Rebate Credit, even if you aren't otherwise required to file a tax return.

How can you get more information?

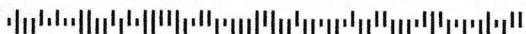
For more information about Economic Impact Payments, visit **IRS.gov/eip**, or call the IRS Economic Impact Payment hotline at 800-919-9835.



Department of the Treasury
Internal Revenue Service
Austin, TX 73301-0003

Date:
January 12, 2022
For assistance, call:
800-919-9835
Or visit:
IRS.gov/eip

179657-TL-17/T59 P1/0031580
A NAGIREDDY
7218 W 115TH ST APT 1008
OVERLAND PARK, KS 66210-2685



Your 2021 Economic Impact Payment(s)
Keep this information with your tax records.

Why you received this letter.

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Total 2021 Economic Impact Payment(s):\$700.00

What do you need to do?

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How can you get more information?

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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.

VOID
 CORRECTED

OMB No. 1545-2251

2021

Part I Employee

1 Name of employee (first name, middle initial, last name) Aneesh Reddy	2 Social security number (SSN) XXX-XX-8640	7 Name of employer Alliance Professional Resources	8 Employer identification number (EIN) 84-2765337
3 Street address (including apartment no.) 7218 W 115th Street Apt 1008	4 City or town Overland Park	5 State or province KS	6 Country and ZIP or foreign postal code US 66210
9 Street address (including room or suite no.) 5319 SW Westgate Drive Suite 130	10 Contact telephone number 971-302-6846	11 City or town Portland	12 State or province 97221
13 Country and ZIP or foreign postal code 97221			

Applicable Large Employer Member (Employee)

14 Offer of Coverage (enter required code)	Employee's Age on January 1												15 Employee Required Contribution (see instructions)		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov		Dec	
1E	1E	1E	1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	\$
2F	2F	2F	2B	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	\$
1E	1E	1E	1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	\$
2F	2F	2F	2B	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	\$

17 ZIP Code

Cat. No. 60705M

Form 1095-C (2021)

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **1095-C**

Employer-Provided Health Insurance Offer and Coverage

VOID

OMB No. 1545-2251

Department of the Treasury
Internal Revenue Service

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

CORRECTED

2021

Part I Employee

Applicable Large Employer Member (Employer)

1 Name of employee (first name, middle initial, last name) ANEESH REDDY KETHI REDDY		2 Social security number (SSN) XXX-XX-8640		7 Name of employer Modis, Inc		8 Employer identification number (EIN) 65-0000600	
3 Street address (including apartment no.) 7218 W 115TH STREET UNIT 1008		5 State or province KS		9 Street address (including room or suite no.) 10151 Deerwood Park Blvd Bid 200, Ste 400		10 Contact telephone number 800-793-7657	
4 City or town OVERLAND PARK		6 Country and ZIP or foreign postal code US 66210		11 City or town Jacksonville		12 State or province FL	
				13 Country and ZIP or foreign postal code US 32256			

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)	Employee's Age on January 1												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	65.00	65.00	65.00	65.00	65.00	65.00	65.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		1H	1H	1H	1H	1H	1E	1E	1E	1E	1E	1E	1E
17 Zip Code		2A	2A	2D	2D	2D	2D	2H	2H	2H	2H	2H	2H

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Form **1095-C** (2021)

Infosys Limited
 2400 N. Glenville Drive, STE C150
 Richardson, TX 75082

0009778**000015**000001*****MIXED AADC 07099**000001



0009778

ASHWITHA NAGIREDDY
 7218 W 115TH ST 1008 NA
 OVERLAND PARK KS 66210

600120

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.	<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED	OMB No. 1545-2251 <div style="font-size: 2em; font-weight: bold;">2021</div>
--	--	---	---

Part I Employee				Applicable Large Employer Member (Employer)					
1 Name of employee (first name, middle initial, last name) Ashwitha Nagireddy		2 Social security number (SSN) xxx-xx-7008		7 Name of employer Infosys Limited			8 Employer identification number (EIN) 58-1760235		
3 Street address (including apartment no.) 7218 W 115th St 1008 NA				9 Street address (including apartment no.) 2400 N. Glenville Drive, STE C150			10 Contact telephone number 866-758-1903		
4 City or town Overland Park		5 State or province KS		6 Country and ZIP or foreign postal code USA 66210		11 City or town Richardson		12 State or province TX	13 Country and ZIP or foreign postal code USA 75082

Part II Employee Offer and Coverage		Employee's Age on January 1										Plan Start Month: 4	
14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
	15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 83.80	\$ 83.80
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2A	2A	2A	2H	2C	2C
17 ZIP Code													

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.

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
18 Ashwitha Nagireddy	xxx-xx-7008		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19 Aneesh Reddy Kethi Reddy		1990-10-25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



0009778

Statement of Account

KETHI REDDY ANEESH REDDY S O K MAHENDHER REDDY

H NO 3 84 RAJ NAGAR
NANDIPET

Union Bank of India

Branch NANDIPET
Customer Id 38115768
Account No 175010100027633
Account Currency INR
Account Type Saving Account
MICR Code 503026027
IFSC Code UBIN0817503

City NIZAMABAD
State TELANGANA
Country INDIA
Zip 503212
Mobile No 919052222961
E-mail aneeshkethi@gmail.com

Statement Date : 04/04/2022 23:29

Statement Period From -01/12/2021 To 31/12/2021

Records from 1 to 46. No more records available.

Date	Remarks	Tran Id	UTR Number	Instr. ID	Withdrawals	Deposits	Balance
01/12/2021	RTGS:Aneesh Reddy HDFC233481006251	S39236606	-			2,23,679.25	10,43,026.86
01/12/2021	IMPSAB/13352133982 2/UBIN0817503/99999 99999	S43283898	-			2,23,912.95	12,66,939.81
03/12/2021	IMPSAB/13372267636 0/UBIN0817503/99999 99999	S84774436	-			2,24,443.95	14,91,383.76
04/12/2021	IMPSAR/1338084467 46/ICIC0001533/2364 01500072	S86533216	-		50,000.00		14,41,383.76
04/12/2021	IMPSAR/1338084467 98/ICIC0001533/2364 01500072	S86537257	-		50,000.00		13,91,383.76
04/12/2021	IMPSAR/1338084468 40/ICIC0001533/2364 01500072	S86541616	-		50,000.00		13,41,383.76
04/12/2021	IMPSAR/1338084469 32/ICIC0001533/2364 01500072	S86549235	-		50,000.00		12,91,383.76
04/12/2021	IMPSAR/1338084469 84/ICIC0001533/2364 01500072	S86554473	-		50,000.00		12,41,383.76
04/12/2021	NEFTO-ANEESH ICICI 000426084175	S86574645	-		50,000.00		11,91,383.76
04/12/2021	NEFTO-ANEESH ICICI 000426084431	S86580313	-		50,000.00		11,41,383.76
04/12/2021	NEFTO-ANEESH ICICI 000426084600	S86589695	-		50,000.00		10,91,383.76
04/12/2021	NEFTO-ANEESH ICICI 000426084607	S86593267	-		50,000.00		10,41,383.76
04/12/2021	NEFTO-ANEESH ICICI 000426084615	S86599896	-		50,000.00		9,91,383.76
06/12/2021	IMPSAR/1340107716 08/ICIC0001533/2364 01500072	S26736603	-		50,000.00		9,41,383.76
06/12/2021	IMPSAR/1340107717 16/ICIC0001533/2364 01500072	S26745836	-		50,000.00		8,91,383.76
06/12/2021	IMPSAR/1340107717 98/SBIN0009789/3062 0012054	S26756460	-		50,000.00		8,41,383.76
06/12/2021	IMPSAR/1340107719 12/ICIC0001533/2364 01500072	S26770442	-		50,000.00		7,91,383.76

06/12/2021	IMPSAR/1340107720 22/ICIC0001533/2364 01500072	S26781630	-		50,000.00		7,41,383.76
06/12/2021	NEFTO-ANEESH ICICI 000427167546	S26802911	-		50,000.00		6,91,383.76
06/12/2021	NEFTO-ANEESH ICICI 000427170093	S26823413	-		50,000.00		6,41,383.76
06/12/2021	NEFTO-ANEESH ICICI 000427172075	S26838099	-		50,000.00		5,91,383.76
06/12/2021	NEFTO-ANEESH ICICI 000427173715	S26850185	-		50,000.00		5,41,383.76
06/12/2021	NEFTO-ANEESH ICICI 000427175479	S26864069	-		50,000.00		4,91,383.76
08/12/2021	RTGS:Aneesh Reddy HDFC234182473525	S79387932	-			2,24,039.25	7,15,423.01
09/12/2021	eTXN/To:2132101000 01875	S88244155	-		50,000.00		6,65,423.01
09/12/2021	eTXN/To:1792101000 37861	S88255875	-		50,000.00		6,15,423.01
09/12/2021	eTXN/To:2132101000 01875	S88267782	-		50,000.00		5,65,423.01
09/12/2021	eTXN/To:2132101000 01875	S88278383	-		50,000.00		5,15,423.01
09/12/2021	eTXN/To:2132101000 01875	S88289761	-		50,000.00		4,65,423.01
09/12/2021	IMPSAR/1343103016 67/ICIC0001533/2364 01500072	S88534155	-		50,000.00		4,15,423.01
09/12/2021	IMPSAR/1343103017 99/ICIC0001533/2364 01500072	S88547232	-		50,000.00		3,65,423.01
09/12/2021	IMPSAR/1343103019 06/ICIC0001533/2364 01500072	S88562381	-		50,000.00		3,15,423.01
09/12/2021	IMPSAR/1343103020 62/ICIC0001533/2364 01500072	S88578701	-		50,000.00		2,65,423.01
09/12/2021	IMPSAR/1343103021 98/ICIC0001533/2364 01500072	S88595214	-		50,000.00		2,15,423.01
09/12/2021	IMPSAB/13432369538 6/UBIN0817503/99999 99999	S4939175	-			2,24,414.25	4,39,837.26
11/12/2021	SMS Charges for December,2021 Quarter	S32780246	-		17.70		4,39,819.56
21/12/2021	IMPSAB/13551945880 3/UBIN0817503/99999 99999	S31248671	-			2,27,315.24	6,67,134.80
24/12/2021	IMPSAB/13580376100 7/UBIN0817503/99999 99999	S74123127	-			75,911.50	7,43,046.30
27/12/2021	IMPSAR/1361080195 11/ICIC0001533/2364 01500072	S28909746	-		50,000.00		6,93,046.30
27/12/2021	IMPSAR/1361080195 88/ICIC0001533/2364 01500072	S28916988	-		50,000.00		6,43,046.30
27/12/2021	IMPSAR/1361080196 54/ICIC0001533/2364 01500072	S28926261	-		50,000.00		5,93,046.30
27/12/2021	IMPSAR/1361080197 29/ICIC0001533/2364 01500072	S28933905	-		50,000.00		5,43,046.30
27/12/2021	IMPSAR/1361080199 06/ICIC0001533/2364 01500072	S28958235	-		50,000.00		4,93,046.30
27/12/2021	eTXN/To:2132101000 01875	S28972135	-		50,000.00		4,43,046.30
27/12/2021	eTXN/To:2132101000 01875	S28988357	-		50,000.00		3,93,046.30
27/12/2021	NEFTO-ANEESH ICICI 000442120597	S29004297	-		43,000.00		3,50,046.30