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

Form W-2 Wage and	l Tax Statement 2021
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Copy C, for employee's records

d Control number 0060-Y611975 0000000084 - I		Void		address, and ZIP code			ment of the Treasury - Inte	rnal Revenue Service	
	767-43-7008	d-party k pay	-	NOLOGIES INC 6AP RD UNIT # 904 194			tips, other compensation 12600.00 ecurity wages	Federal income tax withheld Social security tax withheld	801.60
12 See instructions for box 12	14 Other		e Employee's name	, address, and ZIP code		5 Medicar	e wages and tips	6 Medicare tax withheld	
			ASHWITHA N 7218 W 115T			7 Social S	ecurity Tips	8 Allocated Tips	
			APT#1008 OVERLAND I	PARK KS 66210		10 Depend	lent care benefits	11 Nonqualified plans	
15 State Employer's state ID	number 16	State wages, tip:	s, etc.	17 State income tax	18 Local wages, tips, etc.	1	19 Local income tax	20 Locality name	
KS 036811415415F0)1		12600.00	442.	92				

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

d Control number 0060-Y61197 0000000084 b Employer identification number (EIN	DEPART			address, and ZIP code			nent of the Treasury - I o. 1545-0008	Internal Revenue Service	
b Employer Identification number (Eff	a Employee's social security in	ullibei	-	SAP RD UNIT # 904		1 Wages, t	ips, other compensation	2 Federal income tax withheld	
81-1415415	767-43-7008		KATY TX 774	194		-	12600.0	00	801.60
13 Statutory R employee	stirement Third plan sick	-party pay				3 Social se	curity 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	
			ASHWITHA N 7218 W 115T			7 Social Se	ecurity Tips	8 Allocated Tips	
			APT#1008	PARK KS 66210		10 Depende	ent care benefits	11 Nonqualified plans	
15 State Employer's state II	number 16 S	State wages, tip:	s, etc.	17 State income tax	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

	4 - DEPART	Void		address, and ZIP code			ment of the Treasury - Inte o. 1545-0008	rnal Revenue Service	
b Employer identification number (81-1415415 13 Statutory employee	767-43-7008	,		SAP RD UNIT # 904			tips, other compensation 12600.00 ecurity wages	Federal income tax withheld Social security tax withheld	801.60
12 See instructions for box 12	14 Other		e Employee's name	, address, and ZIP code		5 Medicar	e wages and tips	6 Medicare tax withheld	
			ASHWITHA N 7218 W 115T			7 Social S	ecurity Tips	8 Allocated Tips	
			APT#1008 OVERLAND	PARK KS 66210		10 Depend	lent care benefits	11 Nonqualified plans	
15 State Employer's stat	e ID number	16 State wages, tip	s, etc.	17 State income tax	18 Local wages, tips, etc.	•	19 Local income tax	20 Locality name	
KS 03681141541	5F01		12600.00	442.9	2				

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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			nent of the Treasury - I o. 1545-0008	nternal Revenue Service
b Employer identification number (EIN) a Employee's social security num	ber				1 Wages,	tips, other compensation	2 Federal income tax withheld
3 Statutory Retirement Third-pa employee plan sick pa	rty y				3 Social s	ecurity wages	4 Social security tax withheld
2 See instructions for box 12 14 Other		e Employee's name	, address, and ZIP code		5 Medicar	e wages and tips	6 Medicare tax withheld
					7 Social S	ecurity Tips	8 Allocated Tips
					10 Depend	ent care benefits	11 Nonqualified plans
5 State Employer's state ID number 16 State	e wages, tip	s, etc.	17 State income tax	18 Local wages, tips, etc.	l	19 Local income tax	20 Locality name

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.
- $\mbox{\bf Box}~\mbox{\bf 2.}$ 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 fip 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 filling 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.

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.

 \pmb{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.

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 groupterm 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 employee 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, lest in case there is a question about your work record and/or earnings in a particular year.

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	r identification number (EIN) a Employee's soci	X-8640	5319 SW WE	ESTGATE DRIVE SUITE 1		1 Wages,	tips, other compensation 25968.00	2 Federal income tax withheld
	utory Retirement loyee plan	Third-party sick pay	PORTLAND	OR 97221		3 Social s	security wages	4 Social security tax withheld
See ins	tructions for box 12 14 Other		e Employee's name	e, address, and ZIP code		5 Medica	re wages and tips	6 Medicare tax withheld
			ANEESH KE	THI REDDY TH STREET UNIT 1008		7 Social S	Security Tips	8 Allocated Tips
				PARK KS 66210		10 Depen	dent care benefits	11 Nonqualified plans
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5 State	Employer's state ID number	16 State wages, tips	s, etc.	17 State income tax	18 Local wages, tips, etc.		19 Local income tax	20 Locality name
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This infor	nation is being furnished to the Internal Revenue S	Service. If you are required to	file a tax return, a ne	gligence penalty or other sanction may be in	nposed on you if this income is	taxable and	you fail to report it.	
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			ANEESH KE	THI REDDY TH STREET UNIT 1008		7 Social S	ecurity Tips	8 Allocated Tips
				PARK KS 66210		10 Depend	lent care benefits	11 Nonqualified plans
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State	Employer's state ID number	16 State wages, tips	, etc.	17 State income tax	18 Local wages, tips, etc.	1	19 Local income tax	20 Locality name
KS	036470886782F01		25968.00	1121.15				
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						10 Depend	lent care benefits	11 Nonqualified plans
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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Form W-2 Wage and Tax Statement 2021

- W O Word and Tay Statemen	t 2021	7 Social security tips	1 Wages, tips, other con		I income tax withheld
Form W-2 Wage and Tax Statemen c Employer's name, address, and ZIP code	r coch	8 Allocated tips	3 Social security wages	322.00 4 Social	10242.7 security tax withheld
MODIS, INC.					
10151 DEERWOOD PARK BOULE	VARD	9	5 Medicare wages and t	ips 6 Medica	are tax withheld
BUILDING 200, SUITE 400		10 Dependent care benefits	11 Nonqualified plans	12a See	instructions for box 12
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ANEESH REDDY KETHI REDDY				Code	
		b Employer identification nu	mber (EIN)	12c	
7218 W 115TH STREET UNIT 1008		a Employee's social security	no.	12d	
OVERLAND PARK KS 66210		645-81-8640		de	
15 State Employer's state I.D. no.	16 State wages, tips, etc		18 Local wages, tips, etc.	19 Local income tax	20 Locality name
KS 65-0000600	96322	2.00 4399.0	D.		
Copy B To Be Filed With Employee's FEDERAL	Tax Return	This information is being fumis	ned to the Internal Revenue Service. OMB No. 1545-0008		Pept. of the Treasury - IRS S Web Site at www.irs.gov/efile
					If you are required to file a tax return, income is taxable and you fail to repo
Form W-2 Wage and Tax Statemen	t 2021	7 Social security tips	1 Wages, tips, other cor	np. 2 Federa	I income tax withheld 10242.7
c Employer's name, address, and ZIP code		8 Allocated tips	3 Social security wages		security tax withheld
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7218 W 115TH STREET		b Employer identification nu 65 – 0000600	moer (EIN)	12C	
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OVERLAND PARK KS 66210		645-81-8640		d e	
15 State Employer's state I.D. no.	16 State wages, tips, etc		18 Local wages, tips, etc.	19 Local income tax	20 Locality name
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OVERLAND PARK KS 66210		645-81-8640		de	
15 State Employer's state I.D. no.	16 State wages, tips, etc		18 Local wages, tips, etc.	19 Local income tax	20 Locality name
KS 65-0000600	9632	2.00 4399.00	0		
Copy 2 To Be Filed With Employee's State, City	, or Local Income Tax	x Return	OMB No. 1545-0008	D	ept. of the Treasury - IRS
w. W-2 Wage and Tax Statemen	+ 2021.	7 Social security tips	1 Wages, tips, other con		l income tax withheld
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E Employer's name, address, and ZIP code MODIS, INC. 10151 DEERWOOD PARK BOULH BUILDING 200, SUITE 400 JACKSONVILLE FL 32256 Employee's name, address, and ZIP code ANEESH REDDY KETHI REDDY 7218 W 115TH STREET UNIT 1008	EVARD	8 Allocated tips 9 10 Dependent care benefits 13 Statutory Petirement Islan b Employer identification nu 65 - 000600 a Employee's social security 645 - 81 - 8640	3 Social security wages 5 Medicare wages and the second security wages 11 Nonqualified plans 14 Other mber (EIN)	322.00 4 Social 12a 12b 28 12c 29 12c	10242.77 security tax withheld
Employer's name, address, and ZIP code MODIS, INC. 10151 DEERWOOD PARK BOULI BUILDING 200, SUITE 400 JACKSONVILLE FL 32256 Employee's name, address, and ZIP code ANEESH REDDY KETHI REDDY 7218 W 115TH STREET UNIT 1008 OVERLAND PARK KS 66210 15 State Employer's state I.D. no.	EVARD	8 Allocated tips 9 10 Dependent care benefits 13 Statutory Petirement Islan b Employer identification nu 65 - 000600 a Employee's social security 645 - 81 - 8640	3 Social security wages 5 Medicare wages and to 11 Nonqualified plans 11 Nonqualified plans 14 Other 15 Inc. 18 Local wages, tips, etc.	4 Social 4 Social 12a 2 12b 2 12c 2 12d 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	10242.77 security tax withheld are tax withheld
10151 DEERWOOD PARK BOULD BUILDING 200, SUITE 400 JACKSONVILLE FL 32256 Employee's name, address, and ZIP code ANEESH REDDY KETHI REDDY 7218 W 115TH STREET UNIT 1008 OVERLAND PARK KS 66210	EVARD 16 State wages, tips, etc. 9632	8 Allocated tips 9 10 Dependent care benefits 13 Statutory employee Retirement plan b Employer identification nu 65 - 0000600 a Employee's social security 645 - 81 - 8640 c. 17 State income tax 43.99.0	3 Social security wages 5 Medicare wages and to 11 Nonqualified plans 11 Nonqualified plans 14 Other 15 Inc. 18 Local wages, tips, etc.	12a	10242.77 security tax withheld are tax withheld
Employer's name, address, and ZIP code MODIS, INC. 10151 DEERWOOD PARK BOULI BUILDING 200, SUITE 400 JACKSONVILLE FL 32256 Employee's name, address, and ZIP code ANEESH REDDY KETHI REDDY 7218 W 115TH STREET UNIT 1008 OVERLAND PARK KS 66210 15 State Employer's state I.D. no. KS 65-0000600	EVARD 16 State wages, tips, etc. 9632	8 Allocated tips 9 10 Dependent care benefits 13 Statutory employee Retirement plan b Employer identification nu 65 - 0000600 a Employee's social security 645 - 81 - 8640 c. 17 State income tax 43.99.0	3 Social security wages 5 Medicare wages and the security wages 11 Nonqualified plans 12 Other 13 Local wages, tips, etc.	12a	10242.77 security tax withheld are tax withheld

Employee Reference Copy 2 Wage and Tax Statement Statement Copy C for employee's records.

Corp. Employer use only 288679 LOS2/XAW

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

$\stackrel{\smile}{}$		LAND PARK I	
b	Emplo	oyer's FED ID number 58-1760235	a Employee's SSA number XXX - XX - 7008
1	Wage	es, tips, other comp.	2 Federal income tax withheld
3	Socia	I security wages	4 Social security tax withheld
5	Medic	are wages and tips	6 Medicare tax withheld
7	Socia	l security tips	8 Allocated tips
9			10 Dependent care benefits
11	Nonq	ualified plans	12a See instructions for box 12
			DD 1731.48
14	Other		12b
			12c
			12d
			13 Stat emp Ret. plan 3rd party sick pay
	State	Employer's state ID n 036 - 581760235F	no. 16 State wages, tips, etc.
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**

© 2021 ADP. Inc.

1	Wages, tips, other co	omp.	2	Federa	l income	tax withheld
3	Social security wage	s	4	Social	security	tax withheld
5	Medicare wages and	tips	6	Medica	re tax w	ithheld
d	Control number	Dept.	C	orp.	Emplo	yer use only
28	38679 LOS2/XAW				Α	13328
_	Employees a series	datas		nn -		

Employer's name, address, and ZIP code

INFOSYS LIMITED 2400 N GLENVILLE DR C150 RICHARDSON TX 75082

llocated tips Dependent care benefits See instructions for box 12
See instructions for box 12
DD 1731.48
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at emp. Ret. plan 3rd party sick pay
t

ASHWITHA NAGIREDDY

7218 W 115TH ST

1008

OVERLAND PARK KS 66210

15 St KS	ate Employer's state 036 - 58176023	ID no. 16 State wages, tips, etc. 5F01
17 St	ate income tax	18 Local wages, tips, etc.
10 10	and income toy	201

Federal Filing Copy Wage and Tax Statement

1	Wages, tips, other comp.			Federa	l income	tax withheld
3	Social security wage	4	Social	security	tax withheld	
5	Medicare wages and tips			Medica	are tax w	ithheld
d	Control number	Dept.	+	Corp.	Emplo	oyer use only
28	38679 LOS2/XAW		1		Α	13328
С	Employer's name, ac	idress, a	nd :	ZIP cod	e	

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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 - 7008
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a DD 1731.48
14	Other	12b
		12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pa

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

KS.State Reference Copy 2 Wage and Tax 202 Statement COMB No. 1545 Copy 2 to be filed with emp

1	Wages, tips, other comp.		2 Fede	ral income tax withh
3	Social security wages Medicare wages and tips		4 Socia	al security tax withhe
5			6 Medicare tax withheld	
d	Control number	Dept.	Corp.	Employer use on
28	288679 LOS2/XAW			A 1332

Employer's name, address, and ZIP code

INFOSYS LIMITED 2400 N GLENVILLE DR C150 RICHARDSON TX 75082

b	Employer's FED ID number 58-1760235		s's SSA number
7	Social security tips	8 Allocated	l tips
9		10 Depende	nt care benefits
11	Nonqualified plans	12a DD	1731.48
14	Other	12b	
		12c	
		12d	2
		13 Stat emp. F	Ret. plan 3rd party si

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. | 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

KS.State Filing Copy 2 Wage and Tax Statement

2021 W-2 and EARNINGS SUMMARY

Employee Reference Copy 2 Wage and Tax Statement

Dept Control number Corp. Employer use only 288679 LOS2/XAW 13327

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 Employer's FED ID number a Employee's SSA number XXX-XX-7008 58-1760235 Wages, tips, other comp. 15041.12 1959.41 3 Social security wages Social security tax withheld Medicare wages and tips 6 Medicare tax withheld Social security tips 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 11 Nonqualified plans 14 Other 15 State Employer's state ID no. 16 State wages, KS 036-581760235F01 17 State income tax 15041.12 18 Local wages, tips, etc. 730.75

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	KS. State Wages Tips, Etc. Box 16 of W-2
Gross Pay	16,346.15	16,346.15	16,346,15	16,346,15
Plus GTL (C-Box 12)	4.90	4.90	4.90	4.90
Less 401(k) (D-Box 12)	130.76	N/A	N/A	130.76
Less Other Cafe 125	679.17	679.17	679.17	679.17
Less Cafe 125 HSA (W-Box 12)	500.00	500.00	500.00	500.00
Less Exempt Wages	N/A	15, 171, 88	15, 171, 88	N/A
Reported W-2 Wages	15,041.12	0.00	0.00	15,041.12

2. Employee Name and Address.

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

© 2021 ADP. Inc.

	Wages, tips, other comp. 15041 . 12			2 Federal income tax withheld 1959.4			
3 Social security wage	cial security wages 4 Social security tax withhe			tax withheld			
5 Medicare wages and	l tips	6 Medicare tax withheld					
d Control number	Dept.	Corp.	. Employer use only				
288679 LOS2/XAW			Α	13327			

20 Locality name

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-7008		
7	Social security tips	8 Allocated tips		
9		10 Dependent ca	re benefits	
11	Nonqualified plans	12a See instruct	ons for box 12 4.90	
14	Other	^{12b} D	130.76	
		12c W	500.00	
		12d AA	65.38	
		13 Stat emp. Ret. pla	n 3rd party sick pay	

f Employee's name, address and ZIP code

ASHWITHA NAGIREDDY 7218 W 115TH ST

1008

19 Local income tax

OVERLAND PARK KS 66210

15 State KS	Employer's state ID no. 036 - 581760235F01	16 State wages, tips, etc. 15041 . 12
17 State	income tax 730.75	18 Local wages, tips, etc.
19 Loca	I income tax	20 Locality name

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Inc.

1	Wages, tips, other comp. 15041 . 12		2 Federal income tax withhel 1959.4		
3	Social security wages		4 Social security tax withheld		
5	Medicare wages and	dicare wages and tips 6 Medicare	are tax w	ithheld	
d 28	d Control number Dept. 288679 LOS2/XAW		Corp.	Emplo	oyer use only
c	Employer's name, ad	ldress, a	nd ZIP cod	e	

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 XXX	SSA number -XX-7008
7	Social security tips	8 Allocated tip	
9		10 Dependent o	are benefits
11	Nonqualified plans	12a C	4.90
14	Other	^{12b} D	130.76
		12c W	500.00
		12d AA	65.38
		13 Stat emp. Ret. p	lan 3rd party sick pay

e/f Employee's name, address and ZIP code

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

19 Local income tax

15 State Employer's state ID no. 16 State wages, tips, etc. KS 036-581760235F01 15041 .12 17 State income tax 18 Local wages, tips, etc. 730.75

KS.State Reference Copy 2 Wage and Tax 20 Statement

20 Locality name

Wages, tips, other comp. 15041 . 12						Federal income tax withh		
Social security wages			Social	security	tax withhe			
Medicare wages and tips			6 Medicare tax withhe		thheld			
ontrol number	r Dept.		Corp.	Empl	oyer use o			
288679 LOS2/XAW				Α	1332			
	ledicare wages and ontrol number 379 LOS2/XAW	ontrol number Dept.	ledicare wages and tips 6 ontrol number Dept. 579 LOS2/XAW	ledicare wages and tips 6 Medicare ontrol number Dept. Corp.	ledicare wages and tips 6 Medicare tax wi ontrol number Dept. Corp. Empl 679 LOS2/XAW A			

INFOSYS LIMITED 2400 N GLENVILLE DR C150 RICHARDSON TX 75082

b	Employer's FED ID number 58-1760235	a Employe	ee's SSA number
7	Social security tips	8 Allocate	
9		10 Depende	ent care benefits
11	Nonqualified plans	12a C	4.90
14	Other	12b D	130.76
		12c W	500.00
		12d AA	65.38
	-	13 Stat emp.	Ret. plan 3rd party sid

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 15041.1 17 State income tax

18 Local wages, tips, etc. 730.75 19 Local income tax 20 Locality name

KS.State Filing Copy 2 Wage and Tax Statement

F.E.I.N. 93-6001960

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

000361085

Recipient's Iden	tification Number ***_**	-8640 ***-**-6419		_	
Refunds for Tax Year 2020	TriMet Self-employment Tax Refunds \$0.00	Lane Transit District Self- employment Tax Refunds \$0.00	Statewide Transit Individual Tax Refunds \$0.00	State Income Tax Refunds \$276.00	Total Tax Refunds \$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)

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

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



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



State of Oregon Department of Revenue 955 Center St NE Salem OR 97301-2555

Form 1099-G

Statement for Recipients of CERTAIN GOVERNMENT PAYMENTS Copy B for Recipient 2021

F.E.I.N. 93-6001960

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

00361086

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

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)

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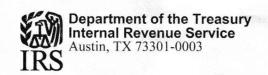
OREGON DEPARTMENT OF REVENUE SALEM OR 97301-2555

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



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.



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.

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.

006000

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

Form 1095-C Department of the Treasury Internal Revenue Service Part Employee 1 Name of employee (first name, middle initial, last name) Anneesh Reddy 3 Street address (including apartment no.) 7218 W 115th Street Apt 1008	Street h Street		O ⊃ _ -	Employer-Provided Health Insurance Offer and Covered by Do not attach to your tax return. Keep for your records. ➤ Go to www.irs.gov/Form1095C for instructions and the latest information. Applicable 2 Social security number (SSN) 2 Social security number (SSN) Alliance Professional 3 Street address (including residue) 5319 SW Westgate I	ded Health Insur: ot attach to your tax return. gov/Form1095C for instruc 2 Social security number (SSN) XXX-XX-8640	nsurance eturn. Keep 1 nstructions a	or your records. Ind the latest inform Application of employer Alliance Profes Street address (inc. 5319 SW West		ormation. ormation. olicable L yer essional F including roo stgate Dr	or your records. Ind the latest information. Applicable Large Employer 7 Name of employer Alliance Professional Resources 9 Street address (including room or suite no.) 5319 SW Westgate Drive Suite 13	ormation. COR COR COR COR COR COR COR CO	Coverage CORRECTI CORRECTI	rmation. icable Large Employer I ssional Resources ssional Resources scluding room or suite no.) stgate Drive Suite 130
t address (incl W 115t	luding apartm h Street	ent no.) Apt 1008	ω	6			9 Street address	ss (including roo Vestgate Dr	₹. ₃	or suite no.) e Suite 13	or suite no.) e Suite 130	30	30
4 City or town Overland Park	(n	5 State or province KS	nce	6 Country and 2 US 66210	6 Country and ZIP or foreign postal code 11 City or town US 66210 Portland	gn postal code	11 City or town Portland			12 State or pr	12 State or province		12 State or province 13 Country and ZIP or foreign postal code 97221
Part II Employee Offer of Coverage	yee Offe	r of Cover	age	7	Employee ³	Employee's Age on January 1	lanuary 1			Plan Star	Plan Start Month (er	Plan Start Month (enter 2-digit r	Plan Start Month (enter 2-digit number): 4
1	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	- 1	Aug	Aug Sept		Sept
14 Offer of Coverage (enter required code)		1E	ÎĒ,	Ħ	Î	Ħ	Ĥ	主		Î	1H 1H		11
15 Employee Required Contribution (see instructions) \$		\$ 214.41	\$ 214.41	₩	69	₩	69	69		₩	₩	8	₩
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2F	2F	28	2A	2A	2A	2A		2A	2A 2A		2A
17 ZIP Code				- 13						-	-		

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

Cat. No. 60705M

Form 1095-C (2021)

VOID

OMB No. 1545-2251

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.

CORRECTED 2021

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

OVERLAND PARK	₹S	o,		US 66210			Jacksonville		72		US 32256		
Part II Emp	Employee Offer of Coverage	of Coverage			Employee	Employee's Age on January 1	anuary 1		Plan Start	Plan Start Month (enter 2-digit number): 01	2-digit num	ber): 01	
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		£	Î	Î	Î	Î	1E	1Ē	1E	î.	Æ	1É	Æ
15 Employee Required Contribution (see instructions)	€	€	\$	49	↔	↔	\$ 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)		2A	2A	2D	20	2D	20	2H	2H	24	2H	2H	24
17 Zip Code									1				

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

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Form 1095-C

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

For Priv acy Act and Paperwork Reduction Act Notice, see separate instructions.

P00750

OMB No. 1545-2251

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Form 1095-C					, ,			erage								OID					
Department of the				.	Do not a	attach	to your tax	•	eep f	for voi	ur reco	rds				ORR	ECTE	5	20)2'	1
Treasury Internal Revenue Se	ervice						orm1095C fo						on.								-
The state of the s	ployee						· · · · · · · · · · · · · · · · · · ·				Appl	icable	e Lar	ae En	nploye	r Me	mber	(Emr	olover	r)	
1 Name of employ				st name)	9 100 2		y number (SSI	N)			employ				<u>'</u>		8 Empl	oyer ide		n number	(EIN)
Ashwitha	(last, dias. s.	Nagire			xxx-xx	-7008				osys Li		(! !					100000	60235			
3 Street address (7218 W 115th St		artment	no.)									(including Drive, ST	•		i.)			58-1903	ephone i	number	
4 City or town		5 State	e or prov	ince	6 Count	ry and .	ZIP or foreign	postal	11 (City or	town		in via		12 Sta		13 Cou	ntry and	I ZIP or	foreign	oostal
Overland Park		KS				66210			Ric	chards	on				TX			75082			
Part II Em	ployee	Offer a	and C	overag	ge		Employ	/ee's Ag	e or	Jan	uary	1		Pla	an Star	t Mo	nth: 4				
14 Offer of	All 12 Mon	ths	Jan	Fet		Mar	Apr	May		Jun		Jul	m > 1	Aug	Se	ot	Oct		Nov	[Эес
Coverage (enter required code)		1H		1H	1H		1H	1H	1	Н	1	Н	1H		1H		1E	1	E	1E	
15 Employ ee Required Contribution (see instructions)	\$	\$		\$	\$		\$	\$	\$		\$		\$		\$		83.80	\$ 8	33.80	\$ 83.8	80
16 Section 4980H Safe Harbor and Other Relief (ente code, if applicable	er	2A		2A	2A		2A	2A	2.	Α	2	Α	2A		2A		2H	2	С	2C	
17 ZIP Code																		× - 1			
(a) Name of covered in name, middle initial, las	ndividual(s) Fi			Employer		(0	c)DOB (If SSN	(d) Cover		er the in	formatic	n for eac	h individ		Months o			ie empb	yee	X	
Traine, made initial, lac			(5)				not av ailable)	month	s	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
18Ashwitha	Nagireddy		xxx-xx-	7008															X	X	X
19Aneesh Reddy	Kethi Redo	dy		3.10		19	90-10-25												X	X	X
20																					
21																					
22																					
23			W * 111	13012																	
24			г		1 2																
25																					
26													П	П		П					П

Employer-Provided Health Insurance Offer and



Statement of Account

KETHI REDDY ANEESH REDDY SO K MAHENDHER REDDY

H NO 3 84 RAJ NAGAR

NANDIPET

City NIZAMABAD State TELANGANA

 Country
 INDIA

 Zip
 503212

 Mobile No
 919052222961

E-mail aneeshkethi@gmail.com

Statement Date : 04/04/2022 23:29

Records from 1 to 46. No more records available.

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

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

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

	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