Department of the Treasury Internal Revenue Service Form 1095-C

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.

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OMB. No. 1545-2251 2022

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Employee Reference Copy Wage and Tax Statement

Copy C for employee's records.

Dept, 230806 CL12/CTS SH0805

Employer use only 12665

Employer's name, address, and ZIP code

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

Batch #02305

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

SEETHALA MANOHARAN 116 PARK GATE DR EDISON NJ 08820-4038

b		oyer's FED ID number 13-3924155	a Employee's SSA number			
1	Wage	s, tips, other comp.	2 Federal income tax withheld			
	27/204	88309.15	14088.10			
3	Socia	l security wages 90233.86	4 Social security tax withheld 5594,50			
5	Medic	are wages and tips 90233.86	6 Medicare tax withheld 1308.39			
7 Social security tips			8 Allocated tips			
9			10 Dependent care benefits			
11 Nonqualified plans		alified plans	12a See instructions for box 12 C 120.95			
14	Other		12b D 1924.71			
•	Cinci	169.15 UI/WF/SWF	12c DD 10615.56			
		134.77 FLI	12d			
134.81 NJVPDI 08674726 DI PP#		134.81 NJVPDI 08674726 DI PP#	13 Stat emp. Ret. plan 3rd party sick pay			
		Employer's state ID no 133924155/000	o. 16 State wages, tips, etc. 94461.07			
		ncome tax 4292.56	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.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NJ. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	96,264.83	96,264.83	96,264,83	96,264.83
Plus GTL (C-Box 12)	120.95	120.95	120.95	120.95
Less 401(k) (D-Box 12)	1,924.71	N/A	N/A	1,924.71
Less Other Cafe 125	6,151.92	6,151.92	6,151.92	N/A
Reported W-2 Wages	88,309.15	90,233.86	90,233.86	94,461.07

2. Employee Name and Address.

SEETHALA MANOHARAN 116 PARK GATE DR EDISON NJ 08820-4038

@ 2022 ADP. Inc.

1 Wages, tips, other 883	comp. 09.15	2 Federa	al income	tax withheld 14088.10
3 Social security wag 902	es 33.86	4 Social	security	tax withheld 5594.50
5 Medicare wages an 902	d tips 33.86	6 Medica	are tax w	ithheld 1308.39
d Control number 230806 CL12/CTS	Dept. SH0805	Corp.	Empl	oyer use only

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-1140
7	Social security tips	8 Allocated tips
g	4	10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12 C 120.95
14	Other	^{12b} D 1924.71
	169.15 UI/WF/SWF	12c DD 10615.56
	134.77 FLI	12d
	134,81 NJVPDI 08674728 DI PP#	13 Stat emp. Ret. plan 3rd party sick pay

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

SEETHALA MANOHARAN 116 PARK GATE DR EDISON NJ 08820-4038

15 State NJ	Employer's state ID no. 133924155/000	16 State wages, tips, etc. 94461 . 07
17 State	income tax 4292.56	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name
	Federal Fi	ling Copy

Wage and Tax Statement OMB No. Copy B to be filed with employee's

1	Wages, tips, other comp. 88309.15		HERMIT			tax withheld 14088.10
3	Social security was	jes 33.86	4 Social	security	tax withheld 5594.50	
5 Medicare wages and tips 90233.86		6 Medicare tax withheld 1308.39				
d	Control number	Dept.	Corp.	Emplo	oyer use only	
23	80806 CL12/CTS	SH0805	0.000	Α	12665	

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COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employe 1	er's FED ID number 3-3924155	a E	mplo	/ee's SS XXX X	A number X-1140
7	Social s	ecurity tips			ted tips	
g			10 D	ереп	dent care	benefits
11	Nonqua	ified plans	12a	CI		120.95
14	Other	g is the street of	12b	D		1924.71
		169.15 UI/WF/SWF	12c	DD	1	0615.56
		134.77 FLI	12d	1		
		134.81 NJVPDI 08674726 DI PP#	13 St	at emp	Ret. plan	3rd party sick pay

SEETHALA MANOHARAN 116 PARK GATE DR EDISON NJ 08820-4038

2 DE 14	15 State NJ	Employer's state ID no. 133924155/000	16 State wages, tips, etc. 94461.07
DAN	17 State	income tax 4292.56	18 Local wages, tips, etc.
4	19 Loca	income tax	20 Locality name

NJ.State Reference Copy Wage and Tax Statement

1	1 Wages, tips, other comp. 88309.15			Federa	l income	tax withheld 14088.10
3	Social security was 902	jes 33.86	4	Social	security	tax withheld 5594.50
5	5 Medicare wages and tips 90233.86			Medica	re tax w	ithheld 1308.39
d	Control number	Dept.		Corp.	Emp	loyer use only
23	0806 CL12/CTS	SH0805			Α .	12665
c	Employer's name a	ddress of	h	7IP cod		

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155		's SSA number X-XX-1140
7	Social security tips	8 Allocated	tips
9		10 Dependen	it care benefits
11	Nonqualified plans	12a C	120.95
14	Other	12b D	1924.71
	169.15 UI/WF/SWF	12c DD	10615.56
	134.77 FLI	12d	7-
	134.81 NJVPDI 08674726 DI PP#	13 Stat emp. R	et. plan 3rd party sick pay

SEETHALA MANOHARAN 116 PARK GATE DR EDISON NJ 08820-4038

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DETA	15 State NJ	Employer's state ID no. 133924155/000	16 State wages, tips, etc. 94461 . 07 18 Local wages, tips, etc.
9		4292.56	18 Local wages, tips, etc.
a	19 Local	income tax	20 Locality name

NJ.State Filing Copy Wage and Tax Statement
Copy 2 to be filed with employee's State Income Tax

BANK OF AMERICA, N.A. TAX REPORTING
PO BOX 15293
WILMINGTON, DE 19850-5293 TAX STATEMENT

FOR YEAR 2022
THIS STATEMENT REPORTS 1099-INT (OMB No. 1545-0112),
DEPARTMENT OF THE TREASURY-INTERNAL REVENUE SERVICE.

BANK OF AMERICA BANK# 00035

PAYER'S E.I.N.

94-1687665

SEETHALA MANOHARAN 116 PARK GATE DR EDISON NJ 08820-4038 CUSTOMER SERVICE PHONE NUMBER

1-877-520-1099

TAXPAYER'S IDENTIFICATION NUMBER

***-**-1140

For Form 1099-A, B, C, DIV, INT, K, MISC, OID, Q, S, and SA: This is important tax information and is being furnished to the 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.

2022 - 1099-INT, INTEREST INCOME

ACCOUNT NUMBER
ADV REL BANKING 3810-3743-6311
BOX 1 INTEREST INCOME
BOX 4 FEDERAL INCOME TAX WITHHELD
SEETHALA MANOHARAN

1.12

TOTAL INTEREST

1.12

PLEASE NOTE:

INQUIRIES REGARDING THESE ACCOUNTS SHOULD BE DIRECTED TO OUR CUSTOMER SERVICE PHONE NUMBER ABOVE. PLEASE CHECK YOUR TAXPAYER IDENTIFICATION NUMBER AND CALL THE NUMBER LISTED ABOVE IF IT IS INCORRECT.

BANKOFAMERICA COM THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE



Department of the Treasury Internal Revenue Service HOLTSVILLE, NY 00501

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SEETHALA MANOHARAN & P CHANDRAMOHA 116 PARK GATE DR EDISON NJ 08820-4038

645017

Form 1099-INT (Rev. 10-2013)

Statement Showing Interest Income from the Internal Revenue Service	Calendar Year
(Please keep this copy for your records)	2022
Recipient's Identification Number XXX-XX-1140	Total Interest Paid or Credited \$142.45

PAYER'S Federal Identification Number 38-1798424 (INTERNAL REVENUE USE ONLY)

THIS IS NOT A TAX BILL. It shows the taxable interest paid to you during the calendar year by the Internal Revenue Service. If you are required to file a tax return, report this interest as income on your return. This amount may represent interest on an overpayment for more than one year, or more than one kind of tax. This interest may have been paid with your tax refund or part or all may have been applied against other taxes you owed.