									Federal Box	1	Soc. Sec. Box 3 &	7 Medicare Box 5	
		xplanation of y e Gross amour			nents.		Gross Wages 90430.0 Txbl Benefits			0.08	90430.0	90430.0	38
mis miorination is being furnished to the internal Revenue Service. If you are								o Term Life 73.92 cion				92 73.9	92
imposed	d on you if t	this income is t	axable and yo	ou fail to	report it.		Deferred Co	omp	(18500	.40)			
		d Tax Stateme					Section 125	5	(4094	.48)	(4094.4	8) (4094.48	8)
Copy C	—For EMPLO	DYEE'S RECORI	55				Other Preta	x/Wage Limit					
							W-2 Wages		6790	9.12	86409.	52 86409.5	52
D. CONTROL					OMB NO.	1545 0000	1. WAGES, T	IPS, OTHER COMP		2. F	EDERAL INCOME TA		
000562792				2022				6	7909.12			7691.75	
100013/32/000000000000000000000000000000		ON NUMBER (EIN)	A. EMPLOYEE'S		URITY NUMBER	R	Cartonia Carta - 1554 (15 and 17 Annie 1604 (15 annie 17				4. SOCIAL SECURITY TAX WITHHELD		
04-243716	66		XXX-XX-8874					8	6409.52			5357.39	
C. EMPLOYER	R'S NAME, ADI	DRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TH	15	6. N	MEDICARE TAX WIT		
NTT DATA,								8	6409.52			1252.94	
7950 Legad Suite 1100							7. SOCIAL SEC	CURITY TIPS		8. A	LLOCATED TIPS		
Plano TX 7	5024										DEPENDENT CARE B		
							9.			10.1	DEPENDENT CARE E	ENEFIIS	
	E'S FIRST NAME	AND INITIAL	LAST NA			SUFF.	11. NONQUAL	IFIED PLANS		12.a	-d See instructions for	box 12 73.9	92
GAYATRY			SAIVA	ITHIANA	IHAN						D	18500.4	- 1
5619 SW 9th TERRACE Topeka KS 66606						14. OTHER				w	3650.0		
USA	66606										DD	5317.2	20
F. EMPLOYEE'S ADDRESS AND ZIP CODE										STATUTORY RETIR	EMENT X THIRD-PARTY SICK PAY		
15. STATE		STATE ID NUMBER	16. STATE WAGE	man and a second	NOTES THE PROPERTY OF	ATE INCOME T		18. LOCAL WAG	ES, TIPS, ETC.	9. LOCA	AL INCOME TAX	20. LOCALITY NAME	
KS	036042437	166F01		67909	.12		3218.00						

D. CONTROL NUI 00056279210			2022	OMB	NO. 15	45-0008	1. WAGES, T	PS, OTHER COM	MPENSATION 67909.12		2. FEDERAL INCOME TA	X WITHHELD 7691.75
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECU				JRITY NUMBER			3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
04-2437166 XXX-XX-8874							86409.52				5357.39	
C. EMPLOYER'S N	NAME, ADDRESS, AND ZIP C	ODE					5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD				HHELD	
NTT DATA, Inc								86409.52			1252.94	
7950 Legacy Dr Suite 1100							7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
Plano TX 75024							9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S F	IRST NAME AND INITIAL	LAST NAM	ME			SUFF.	11. NONQUAL	IFIED PLANS			12.a-d	
GAYATRY		SAIVAIT	THIANAT	HAN							С	73.92
EC10 CW Oth	TEDDACE						14. OTHER			_	D	18500.40
5619 SW 9th							ZI. OTHER				W	3650.00
Topeka KS 66606 USA										DD	5317.20	
F. EMPLOYEE'S ADDRESS AND ZIP CODE											13. STATUTORY RETIR	THIRD-PARTY SICK PAY
15. STATE EM	IPLOYER'S STATE ID NUMBER	16. STATE WAGES	S, TIPS, ET	TC.	17. STAT	E INCOME T	AX	18. LOCAL WA	AGES, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NAME
KS 03	6042437166F01		67909	.12			3218.00					

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000562792101			2022	OMB NO. 1545-000	1. WAGES, 1	ips, OTHER COMPENSATION 67909.12	2. FEDERAL INCOME T	AX WITHHELD 7691.75		
B. EMPLOYER IDENTIFIC	ATION NUMBER (EIN)	A. EMPLOYEE'S	SOCIAL SEC	URITY NUMBER	3. SOCIAL S	CURITY WAGES	4. SOCIAL SECURITY	4. SOCIAL SECURITY TAX WITHHELD		
04-2437166 XXX-XX-8874						86409.52		5357.39		
C. EMPLOYER'S NAME,	ADDRESS, AND ZIP C	ODE			5. MEDICAR	WAGES AND TIPS	6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD		
NTT DATA, Inc						86409.52		1252.94		
7950 Legacy Dr Suite 1100					7. SOCIAL SE	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
Plano TX 75024					9.		10. DEPENDENT CARE	BENEFITS		
E. EMPLOYEE'S FIRST N	AME AND INITIAL	LAST NA	ME ITHIANA	SUF	. 11. NONQUA	LIFIED PLANS	12.a-d C	73.92		
5619 SW 9th TERRACE Topeka KS 66606					14. OTHER		D W DD	18500.40 3650.00 5317.20		
USA F. EMPLOYEE'S ADDRE	SS AND ZIP CODE						13. STATUTORY RET	REMENT X THIRD-PARTY SICK PAY		
	R'S STATE ID NUMBER 437166F01	16. STATE WAGE	67909	THE RESERVE THE PROPERTY OF THE PERSON OF TH	E TAX 3218.00	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

					_					
D. CONTROL	L NUMBER		ONAR	NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION	2. FEDERAL INCOME TA	AX WITHHELD		
000562792	2101	2022	2022 ONB NO. 1545-00			67909.12		7691.75		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOC			SECURITY N	UMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
04-2437166 XXX-XX-8874						86409.52		5357.39		
C. EMPLOYE	R'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WIT	THHELD		
NTT DATA,	Inc					86409.52		1252.94		
7950 Lega Suite 1100 Plano TX 7) [']				7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
Plano IX 7	5024				9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYE	E'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUAL	IFIED PLANS	12.a-d See instructions fo	r box 12		
GAYATRY		SAIVAITHIAN	NATHAN				C	73.92		
					14. OTHER		D	18500.40		
	9th TERRACE				14. OTHER		w	3650.00		
Topeka KS USA	6 66606						DD	5317.20		
USA							13. STATUTORY RETI	13. STATUTORY RETIREMENT THIRD-PARTY		
F. EMPLOYE	E'S ADDRESS AND ZIP CODE						EMPLOYEE PLAN	SICK PAY		
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		
KS	036042437166F01	679	09.12		3218.00					