

Part I Recipient Information

1 Marketplace identifier TX		2 Marketplace-assigned policy number 109921445		3 Policy issuer's name Bright HealthCare	
4 Recipient's name Srujan Kalam Reddy			5 Recipient's SSN xxx-xx-3800		6 Recipient's date of birth
7 Recipient's spouse's name			8 Recipient's spouse's SSN		9 Recipient's spouse's date of birth
10 Policy start date 01/01/2022		11 Policy termination date 12/31/2022		12 Street address (including apartment no.) 1514 Frost creek LN	
13 City or town Friendswood		14 State or province TX		15 Country and ZIP or foreign postal code US 77546	

Part II Covered Individuals

	A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16	Srujan Kalam Reddy	xxx-xx-3800		01/01/2022	12/31/2022
17					
18					
19					
20					

Part III Coverage Information

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payer premium tax credit
21 January	318.24	441.72	
22 February	318.24	441.72	
23 March	318.24	441.72	
24 April	318.24	441.72	
25 May	318.24	441.72	
26 June	318.24	441.72	
27 July	318.24	441.72	
28 August	318.24	441.72	
29 September	318.24	441.72	
30 October	318.24	441.72	
31 November	318.24	441.72	
32 December	318.24	441.72	
33 Annual Totals	3,818.88	5,300.64	

Form W-2 Wage and Tax Statement 2022

Copy C, for employee's records

d Control number 0940-P4088952 0000015854 - 000USA		Void	c Employer's name, address, and ZIP code LARSEN & TOUBRO INFOTECH LIMIT FORMERLY LARSEN & TOUBRO INFOT 2035 LINCOLN HWY STE 3000 EDISON NJ 08817		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
b Employer identification number (EIN) 22-3524303		a Employee's social security number XXX-XX-3800				1 Wages, tips, other compensation 38050.65	2 Federal income tax withheld 6285.44		
13 Statutory employee		Retirement plan		Third-party sick pay		3 Social security wages 38050.65	4 Social security tax withheld 2359.14		
12 See instructions for box 12 C		14 Other 50.65		e Employee's name, address, and ZIP code SRUJAN K REDDY 1514 FROST CREEK LN FRIENDSWOOD TX TX 77546		5 Medicare wages and tips 38050.65	6 Medicare tax withheld 551.73		
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

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 2022

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

d Control number 0940-P4088952 0000015854 - 000USA		Void	c Employer's name, address, and ZIP code LARSEN & TOUBRO INFOTECH LIMIT FORMERLY LARSEN & TOUBRO INFOT 2035 LINCOLN HWY STE 3000 EDISON NJ 08817		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
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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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Form W-2 Wage and Tax Statement 2022

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		
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

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 2022

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		
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

OMB No. 1545-0048

d Control Number	1 Wages, tips, other compensation 17707.63	2 Federal income tax withheld 2841.23
b Employer identification number (EIN) 52-2010575	3 Social security wages 17707.63	4 Social security tax withheld 1097.87
a Employee's social security number 610-13-3800	5 Medicare wages and tips 17707.63	6 Medicare tax withheld 256.76

c Employer's name, address and ZIP code
TEKSYSTEMS, INC.
7437 RACE ROAD
HANOVER MD 21076

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 Code
12b Code	12c Code	12d Code
13 Statutory employee	Retirement plan	Third-party sick pay
14 Other		

e Employee's name, address and ZIP code
SRUJAN KALAM REDDY
1514 FROST CREEK
FRIENDSWOOD TX 77546

2022
Form W-2

15 State Employer's state I.D. no.	16 State wages, tips, etc.
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Wage and Tax Statement
Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)
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.
Department of the Treasury - Internal Revenue Service

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

OMB No. 1545-0048

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7437 RACE ROAD
HANOVER MD 21076

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 Code
12b Code	12c Code	12d Code
13 Statutory employee	Retirement plan	Third-party sick pay
14 Other		

e Employee's name, address and ZIP code
SRUJAN KALAM REDDY
1514 FROST CREEK
FRIENDSWOOD TX 77546

2022
Form W-2

15 State Employer's state I.D. no.	16 State wages, tips, etc.
------------------------------------	----------------------------

Wage and Tax Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.
Department of the Treasury - Internal Revenue Service

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

OMB No. 1545-0048

d Control Number	1 Wages, tips, other compensation 17707.63	2 Federal income tax withheld 2841.23
b Employer identification number (EIN) 52-2010575	3 Social security wages 17707.63	4 Social security tax withheld 1097.87
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c Employer's name, address and ZIP code
TEKSYSTEMS, INC.
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HANOVER MD 21076

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code
12b Code	12c Code	12d Code
13 Statutory employee	Retirement plan	Third-party sick pay
14 Other		

e Employee's name, address and ZIP code
SRUJAN KALAM REDDY
1514 FROST CREEK
FRIENDSWOOD TX 77546

2022
Form W-2

15 State Employer's state I.D. no.	16 State wages, tips, etc.
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Wage and Tax Statement
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

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

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0048

d Control Number	1 Wages, tips, other compensation 17707.63	2 Federal income tax withheld 2841.23
b Employer identification number (EIN) 52-2010575	3 Social security wages 17707.63	4 Social security tax withheld 1097.87
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7437 RACE ROAD
HANOVER MD 21076

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code
12b Code	12c Code	12d Code
13 Statutory employee	Retirement plan	Third-party sick pay
14 Other		

e Employee's name, address and ZIP code
SRUJAN KALAM REDDY
1514 FROST CREEK
FRIENDSWOOD TX 77546

2022
Form W-2

15 State Employer's state I.D. no.	16 State wages, tips, etc.
------------------------------------	----------------------------

Wage and Tax Statement
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

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

Department of the Treasury - Internal Revenue Service



W-2 Employee Reference Copy
Wage and Tax Statement
2022
OMB No. 1545-0008

Copy 2 for employee's records.

d Control number 000392 RR/MJL	Dept.	Corp.	Employer use only
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c Employer's name, address, and ZIP code
RAMY INFOTECH INC
 5201 GREAT AMERICA PKW
 SUITE 320
 SANTA CLARA, CA 95054
 Batch #91470

e/f Employee's name, address, and ZIP code
SRUJAN K REDDY
 1514 FROST CREEK LN
 FRIENDSWOODS, TX 77546

b Employer's FED ID number 27-3289460	a Employee's SSA number XXX-XX-3800
1 Wages, tips, other comp. 6720.00	2 Federal income tax withheld 875.74
3 Social security wages 6720.00	4 Social security tax withheld 416.64
5 Medicare wages and tips 6720.00	6 Medicare tax withheld 97.44
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay
15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	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
Gross Pay	6,720.00	6,720.00	6,720.00
Reported W-2 Wages	6,720.00	6,720.00	6,720.00

2. Employee Name and Address.

SRUJAN K REDDY
 1514 FROST CREEK LN
 FRIENDSWOODS, TX 77546

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1 Wages, tips, other comp. 6720.00	2 Federal income tax withheld 875.74
3 Social security wages 6720.00	4 Social security tax withheld 416.64
5 Medicare wages and tips 6720.00	6 Medicare tax withheld 97.44
d Control number 000392 RR/MJL	Dept. Corp. Employer use only
c Employer's name, address, and ZIP code RAMY INFOTECH INC 5201 GREAT AMERICA PKW SUITE 320 SANTA CLARA, CA 95054	
b Employer's FED ID number 27-3289460	a Employee's SSA number XXX-XX-3800
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
Other	12b
	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code SRUJAN K REDDY 1514 FROST CREEK LN FRIENDSWOODS, TX 77546	
15 State Employer's state ID no.	16 State wages, tips, etc.
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
 2022
 OMB No. 1545-0008
 Copy 2 to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 6720.00	2 Federal income tax withheld 875.74
3 Social security wages 6720.00	4 Social security tax withheld 416.64
5 Medicare wages and tips 6720.00	6 Medicare tax withheld 97.44
d Control number 000392 RR/MJL	Dept. Corp. Employer use only
c Employer's name, address, and ZIP code RAMY INFOTECH INC 5201 GREAT AMERICA PKW SUITE 320 SANTA CLARA, CA 95054	
b Employer's FED ID number 27-3289460	a Employee's SSA number XXX-XX-3800
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9	10 Dependent care benefits
11 Nonqualified plans	12a
Other	12b
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	13 Stat emp Ret. plan 3rd party sick pay
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15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

State Reference Copy
W-2 Wage and Tax Statement
 2022
 OMB No. 1545-0008
 Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 6720.00	2 Federal income tax withheld 875.74
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9	10 Dependent care benefits
11 Nonqualified plans	12a
Other	12b
	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code SRUJAN K REDDY 1514 FROST CREEK LN FRIENDSWOODS, TX 77546	
15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

City or Local Reference Copy
W-2 Wage and Tax Statement
 2022
 OMB No. 1545-0008
 Copy 2 to be filed with employee's City or Local Income Tax Return.