							F	ederal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5		
							Gross Wages 17875. Txbl Benefits		00 17875.0	00 17875.00		
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.							Life	5.:	33 5.3	33 5.33		
Form W-2 Wage and Tax Statement 2022						Deferred Co Section 125 Other Preta		(753.16) (75		6) (753.16)		
						W-2 Wages		17127.	17 17127.	17 17127.17		
D. CONTROL NUMBER 000562405101	2022 OMB NO. 1545-0008				D. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 17127.17			2. FEDERAL INCOME TAX WITHHELD 2654.32			
B. EMPLOYER IDENTIFICA	TION NUMBER (EIN)	A. EMPLOYEE'S	SOCIAL SEC	URITY NUM	BER	3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITHHELD				XX WITHHELD		
04-2437166		XXX-XX-0887				17127.17 1061.88				1061.88		
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	HHELD		
NTT DATA, Inc							17127.:	17		248.34		
7950 Legacy Dr Suite 1100 Plano TX 75024						7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS			
PIAITO 1X 75024						9.			10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. SAIESHWARPRATHEEK PARVAGOUNI						11. NONQUALIFIED PLANS 12.a-d See instructions for box 12 C			5.33			
285 PLANTATION STREET, APT # 923 WORCESTER MA 01604 USA						14. OTHER			W DD	900.00 1093.90		
F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY RETIR	EMENT THIRD-PARTY SICK PAY		
	15. STATE EMPLOYER'S STATE ID NUMBER 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME T				AX 790.58	18. LOCAL WAGES, TIP	S, ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME			

D. CONTROL 000562405		2	2022 OMB	NO. 1545	-0008	1. WAGES, TI	PS, OTHER COMPE 17:	NSATION L27.17		2. FEDERAL INCOME TA	X WITHHELD 2654.32
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER				3. SOCIAL SECURITY WAGES				4. SOCIAL SECURITY TAX WITHHELD			
04-2437166 XXX-XX-0887					17127.17				1061.88		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE							MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD			HHELD	
NTT DATA, Inc						17127.17				248.34	
7950 Legacy Dr Suite 1100						7. SOCIAL SECURITY TIPS				8. ALLOCATED TIPS	
Plano TX 75024						9.			:	10. DEPENDENT CARE BENEFITS	
	E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. SAIESHWARPRATHEEK PARVAGOUNI					11. NONQUALIFIED PLANS 12.a-d			C	5.33	
285 PLANTATION STREET, APT # 923 WORCESTER MA 01604 USA						14. OTHER				W DD 13. STATUTORY RETIR	900.00 1093.90
F. EMPLOYEE	F. EMPLOYEE'S ADDRESS AND ZIP CODE								- 1	EMPLOYEE PLAN	SICK PAY
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES,	TIPS, ETC.	17. STATE IN	COME T	AX	18. LOCAL WAGE	S, TIPS, ETC.	19. l	LOCAL INCOME TAX	20. LOCALITY NAME
MA	042-437-166*01*		17127.17			790.58					

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL 000562405		20	022 OME	NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENS 1712	SATION 27.17	2. FEDERAL INCOME TA	AX WITHHELD 2654.32		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
04-2437166 XXX-XX-0887						17127.17			1061.88		
C. EMPLOYER	R'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD			
NTT DATA,					17127.17			248.34			
7950 Legacy Dr Suite 1100 Plano TX 75024						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
Fiallo 1X 7.	3024				9.			10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. SAIESHWARPRATHEEK PARVAGOUNI					11. NONQUALIFIED PLANS			12.a-d C W	5.33		
285 PLANTATION STREET, APT # 923 WORCESTER MA 01604 USA						14. OTHER			900.00 1093.90		
F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETI	REMENT THIRD-PARTY SICK PAY		
15. STATE MA	EMPLOYER'S STATE ID NUMBER 042-437-166*01*	,	TPS, ETC. .7127.17	17. STATE INCOME T	AX 790.58	18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		

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Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER		0.04	NO 1545 00	1. WAGES,	TIPS, OTHER COMPENSATION	2. FEDERAL INCOME T	AX WITHHELD	
000562405101		2022	3 NO. 1545-00	J8	17127.17		2654.32	
B. EMPLOYER IDENTIFICATION NUM	MBER (EIN) A. EMPLOYEE'S	SOCIAL SECURITY I	NUMBER	3. SOCIAL S	3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITHHELE			
04-2437166 XXX-XX-0887					17127.17		1061.88	
C. EMPLOYER'S NAME, ADDRESS,	AND ZIP CODE			5. MEDICAR	E WAGES AND TIPS	6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD	
NTT DATA, Inc					17127.17		248.34	
7950 Legacy Dr Suite 1100 Plano TX 75024				7. SOCIAL SI	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS	
11010 17 73024				9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND IN	IITIAL LAST NA	AME	SUI	F. 11. NONQUA	LIFIED PLANS	12.a-d See instructions for	or box 12	
SAIESHWARPRATHEEK PARVAGOUNI						С	5.33	
205 DI ANTATIONI CEDEST. AS	T # 022			14. OTHER		w	900.00	
285 PLANTATION STREET, AP WORCESTER MA 01604 USA	1 # 923			14. OTHER		DD	1093.90	
1							REMENT THIRD-PARTY	
F. EMPLOYEE'S ADDRESS AND ZIP (CODE					EMPLOYEE PLAI	SICK PAY	
15. STATE EMPLOYER'S STATE I	D NUMBER 16. STATE WAG	ES, TIPS, ETC.	17. STATE INCOM	IE TAX	18. LOCAL WAGES, TIPS, ETG	C. 19. LOCAL INCOME TAX	20. LOCALITY NAME	
MA 042-437-166*01	*	17127.17		790.58				