## 2022 W-2 and EARNINGS SUMMARY



**Employee** Reference Copy Wage and Tax Statement Copy C for employee's record Control number Employer use only Corp. CLI2/LRL 000

Employer's name, address, and ZIP code TATA CONSULTANCY SERVICES LIMITED **379 THORNALL STREET** EDISON NJ 08837

Batch #02388

e/f Employee's name, address, and ZIP code **TEJESH MUNGI** 908 MEADOW CREEK DR

**APT 3082** 

19 Local income tax

**IRVING TX 75038** b Employer's FED ID number a Employee's SSA number 98-0429806 XXX-XX-2161 Wages, tips, other comp. Federal income tax withheld 78223.06 10016.81 3 Social security wages 4 Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 12b W 14 Other 4853.35 13 Stat emp Ret. plan 3rd party sick party 15 State Employer's state ID no. 16 State wages, tips, etc. TX 17 State income tax 18 Local wages, tips, etc.

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	TX. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	80,746.67	80,746.67	80,746.67	
Plus GTL (C-Box 12)	17.28	17.28	17.28	
Less Other Cafe 125	1,940.89	1,940.89	1,940.89	
Less Cafe 125 HSA (W-Box 12)	600.00	600.00	600.00	
Less Exempt Wages	N/A	78,223.06	78,223.06	
Reported W-2 Wages	78,223.06	0.00	0.00	

2. Employee Name and Address.

TEJESH MUNGI 908 MEADOW CREEK DR APT 3082 **IRVING TX 75038** 

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1 Wages, tips, other comp. 78223.06		2	Federa	al income tax withheld 10016.81		
3 Social security wages		4	Social	security tax withheld		
5 Medicare wages and tips		6	Medica	are tax withheld		
d	Contr	ol number	Dept.		Corp.	Employer use only
638476 CLI2/LRL 000				T		
c Employer's name, address, and ZIP code						

20 Locality name

TATA CONSULTANCY SERVICES LIMITED 379 THORNALL STREET EDISON NJ 08837

b	Employer's FED ID number 98-0429806	a Em	a Employee's SSA number XXX-XX-2161			
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a Se	e in C	structio	ns for box 12 17.28	
14	Other	12b y	W		600.00	
		<sup>12c</sup> D	D		4853.35	
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		13 Stat	emp	Ret. plan	3rd party sick pay	
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e/f Employee's name, address and ZIP code

## TEJESH MUNGI 908 MEADOW CREEK DR **APT 3082 IRVING TX 75038**

15 State TX	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
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Wage and Statement

Copy B to be filed with employee's Federal Income Tax Return

78223.06		2 Federal income tax withheld 10016.81 4 Social security tax withheld		
d	Control number	Dept.	Corp.	Employer use only
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С	Employer's name, a	ddress, a	nd ZIP cod	e

TATA CONSULTANCY SERVICES LIMITED 379 THORNALL STREET EDISON NJ 08837

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	<sup>12c</sup> D	Dί		4853.35
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	13 Stat	emp.	Ret. plan	3rd party sick pay
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e/f Employee's name, address and ZIP code

## TEJESH MUNGI 908 MEADOW CREEK DR **APT 3082 IRVING TX 75038**

15 State	Employer's state I	D no. 16 State wages, tips, etc.
17 State	income tax	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name
	TX.State	Reference Copy

TX.State Reference Wage and Tax

Statement Copy 2 to be filed with employee's State Income Tax

1	Wages, tips, other comp. 78223.06			Federa	al income tax withheld 10016.81		
3	Social security wages			Social	security tax withheld		
5	Medicare wages and tips			Medica	are tax withheld		
d	Control number	Dept.		Corp.	Employer use only		
63	8476 CLI2/LRL	000			T		

Employer's name, address, and ZIP code TATA CONSULTANCY SERVICES LIMITED 379 THORNALL STREET **EDISON NJ 08837** 

b	Employer's FED ID number 98-0429806	a E	a Employee's SSA number XXX-XX-2161		
7	Social security tips	8 Allocated tips			
9		10 D	eper	ndent care benefits	
11	Nonqualified plans	12a	С	17.28	
14	Other	12b	W	600.00	
		12c	DD	4853.35	
		12d			
		<b>13</b> S	tat er	mp. Ret. plan 3rd party sick pay	

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

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Statement Copy 2 to be filed with employee's State Income Tax