2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy

W—2 Wage and Tax
Statement
Copy C for employee's records.

d Control number
Dept. Corp.
LJK5
S 12612

Employer's name, address, and ZIP code FARMERS GROUP INC 6301 OWENSMOUTH AVE WOODLAND HILLS, CA 91367

70284428

e/i Employee's name, address, and ZIP code RUPA MINUPURI 2442 ROBIN WAY NORTHLAKE, TX 76247

b	Employer's FED ID number 95-0725935	a Employee's SSA number XXX-XX-4679	
1	Wages, tips, other comp.	2 Federal income tax withheld	
	71388.61	16224.34	
3	Social security wages	4 Social security tax withheld	
	75542.47	4683.63	
5	Medicare wages and tips	6 Medicare tax withheld	
	75542.47	1095.37	
7	Social security tips	8 Allocated tips	
9		10 Dependent care benefits	
11	Nonqualified plans	12a See instructions for box 12 C 34.47	
	Other	12b D 4153.86	
14	Other	12c W 200.00	
		12d DD 10573.98	
		13 Stat emp. Ret. plan 3rd party sick pay	
15	State Employer's state ID no	16 State wages, tips, etc.	
	GA 2086274-YA	38007.83	
17	State income tax 2049.36	18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

ıy	adjustments made by			
	GROSS PAY	78,880.57	SOCIAL SECURITY	4,683.63
			TAX WITHHELD	
			BOX 04 OF W-2	
	FED. INCOME	16,224.34	MEDICARE TAX	1,095.37
	TAX WITHHELD		WITHHELD	
	BOX 02 OF W-2		BOX 06 OF W-2	
	STATE INCOME TAX	2,049.36	SUI/SDI	0.00
	BOX 17 OF W-2	2,049.30		0.00
			BOX 14 OF W-2	
	LOCAL INCOME TAX	0.00		
	BOX 19 OF W-2			

To change your employee W-4 profile information file a new W-4 with your payroll department

RUPA MINUPURI 2442 ROBIN WAY NORTHLAKE, TX 76247 Social Security Number: XXX-XX-4679

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th Here → PAGE 01 OF 01

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1	Wages, tips, other 713	comp. 88.61	2 Federa	l income tax withheld 16224.34	
3	Social security wages 75542.47		4 Social security tax withheld 4683.63		
5	Medicare wages and tips 75542.47		6 Medica	are tax withheld 1095.37	
d	Control number 000061978 V5Q	Dept	Corp.	Employer use only 12612	

Employer's name, address, and ZIP code FARMERS GROUP INC 6301 OWENSMOUTH AVE WOODLAND HILLS, CA 91367

70284428

b	Employer's FED ID number 95 - 0725935	a Employee's	X-XX-4679
7	Social security tips	8 Allocated tips	
9		10 Dependent o	care benefits
11	Nonqualified plans	12a See Instruc	tions for box 12 34,47
14	Other	12b D	4153.86
		120 W	200.00
		12d DD	10573.98
		13 Stat emp. Ret. p	lan 3rd party elok pay

M Employee's name, address and ZIP code

RUPA MINUPURI 2442 ROBIN WAY NORTHLAKE, TX 76247

15	State	Employer's state ID no. 2086274-YA	16 State wages, tips, etc. 38007.83
17	17 State income tax 2049.36		18 Local wages, tips, etc.
19	Local	Income tax	20 Locality name

Federal Filing Copy
W-2 Wage and Tax
Statement
ONE to be filed with employed Federal Local Tay B. No. 1545-0001

1 Wages, tips, other comp. 71388.61				
3	3 Social security wages 75542.47		4 Socia	security tax withheld 4683.63
5	Medicare wages and tips 75542.47		6 Medic	are tax withheld 1095.37
d OC	Control number 000061978 V5Q	Dept.	Corp.	Employer use only 12612

Fold and Detach Here

Employer's name, address, and ZIP code FARMERS GROUP INC 6301 OWENSMOUTH AVE WOODLAND HILLS, CA 91367

70284428

b	Employer's FED ID number 95-0725935	a Employee'	s SSA number XX-XX-4679
7	Social security tips	8 Allocated	tips
9		10 Dependen	t care benefits
11	Nonqualified plans	12a C	34.47
14	Other	12b D	4153.86
		120 W	200.00
		12d DD	10573.98
		13 Stat emp. Ret	plan 3rd party sick pay

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

RUPA MINUPURI 2442 ROBIN WAY NORTHLAKE, TX 76247

15	State	Employer's state ID no. 2086274-YA	16 S	tate wages, tips, etc. 38007.83
17	State	income tax 2049.36	18 L	ocal wages, tips, etc.
19	Local	Income tax	20 L	ocality name

GA. State Filing Copy

W-2 Wage and Tax

Statement

OMB No. 1645-0008

Crops 2 to be filed with employed's State Income Tax Return.

1	Wages, tips, other comp. 71388.61 Social security wages 75542.47		2 Federal income tax withheld 16224.34 4 Social security tax withheld 4683.63		
3					
5	Medicare wages and tips 75542.47		6 Medic	are tax withheld	
d 00	Control number 000061978 V5Q	Dept	Corp.	Employer use only 12612	

Employer's name, address, and ZIP code FARMERS GROUP INC 6301 OWENSMOUTH AVE WOODLAND HILLS, CA 91367

70284428

D	95-0725935	a Emplo	yee's SS XXX-	A number XX-4679
7	Social security tips	8 Alloca	ted tips	
9		10 Deper	dent car	e benefits
11	Nonqualified plans	12a C		34.47
14 Other	Other	12b D		4153.86
		12c W		200.00
		12d DD		10573.98
		13 Stat em	Ret plan	3rd party sick pay

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

RUPA MINUPURI 2442 ROBIN WAY NORTHLAKE, TX 76247

15 State Employer's state ID no GA 2086274-YA	. 16 State wages, tips, etc. 38007.83
17 State income tax 2049.36	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

City or Local Filing Copy

W-2 Wage and Tax
Statement
Country Local Income Token No. 1646-0001

2022 W-2 and EARNINGS SUMMARY (2022)



Employee Reference Copy

1-2 Wage and Tax
20
Statement Statement

Copy C for employee's records.
d Control number 294812 LOS2/XAW

Dept.

Employer's name, address, and ZIP code INFOSYS LIMITED 2400 N GLENVILLE DR C150 RICHARDSON TX 75082

Batch #02832

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

RUPA MINUPURI ISABELLINE BLUFF

19 Local income tax

b Employer's FED ID number 58 - 1760235	a Employee's SSA number XXX - XX - 4679		
1 Wages, tips, other comp. 89896.42	2 Federal income tax withheld 18834.58		
3 Social security wages 89896.42	4 Social security tax withheld 5573.58		
5 Medicare wages and tips 89896.42	6 Medicare tax withheld 1303.50		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 20.80		
14 Other	12b DD 2735.10		
14 Other	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pa		
15 State Employer's state ID r GA 1945856 - QS	o. 16 State wages, tips, etc. 89896 . 42		
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	GA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	90,750.07	90,750.07	90,750.07	90,750.07
Plus GTL (C-Box 12)	20.80	20.80	20.80	20.80
Less Other Cafe 125	874.45	874.45	874.45	874.45
Reported W-2 Wages	89,896.42	89,896.42	89,896.42	89,896.42

2. Employee Name and Address.

RUPA MINUPURI ISABELLINE BLUFF 4280 **CUMMING GA 30040**

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1	Wages, tips, other comp. 89896.42		2 Federa	I income	tax withheld 18834.58
3	Social security wages 89896 . 42		4 Social	security	tax withheld 5573.58
5	5 Medicare wages and tips 89896.42		6 Medica	are tax w	ithheld 1303.50
d 2	Control number 94812 LOS2/XAW	Dept	Corp.	Emple T	oyer use only 15411

20 Locality name

Employer's name, address, and ZIP code

INFOSYS LIMITED 2400 N GLENVILLE DR C150 RICHARDSON TX 75082

b	Employer's FED ID number 58 - 1760235	a Employee's SSA number XXX - XX - 4679
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12 C 20,80
14	Other	12b DD 2735.10
		126
		12d
		13 Stat emp. Flet, plan 3rd party sick pay

RUPA MINUPURI ISABELLINE BLUFF 4280

CUMMING GA 30040

15 State Employer's state ID no. GA 1945856-QS 17 State income tax 4796.23		n. 16 State wages, tips, etc. 89896 . 42 16 Local wages, tips, etc.	

Federal Filing Copy 2 Wage and Tax

1	Wages, tips, other comp. 89896 . 42		2 Feder	ral income tax withheld 18834.58	
3	Social security wages 89896 . 42		4 Socia	l securit	y tax withheld 5573.58
5	Medicare wages and tips 89896 . 42		6 Medic	are tax v	vithheld 1303.50
d 29	Control number 94812 LOS2/XAW	Dept.	Corp.	Emp	loyer use only 15411

Fold and Detach Here

Employer's name, address, and ZIP code

INFOSYS LIMITED 2400 N GLENVILLE DR C150 RICHARDSON TX 75082

b	Employer's FED ID number 58 - 1760235	a Employee's SSA number XXX - XX - 4679	
7	Social security tips	8 Allocated tips	
9		10 Dependent	care benefits
11	Nonqualified plans	12a C	20.80
14	Other	126 DD	2735.10
		12e	
		12d	
		13 Stat emp. Ret	plan 3rd party sick pay

M Employee's name, address and ZIP code

RUPA MINUPURI ISABELLINE BLUFF **CUMMING GA 30040**

15 State GA	Employer's state ID no. 1945856 - QS	16 State wages, tips, etc. 89896 . 42
17 State income tax 4796.23		18 Local wages, tips, etc.
19 Loca	Income tax	20 Locality name

GA.State Reference Copy 2 Wage and Tax 20

1	Wages, tips, other comp. 89896,42			Federa	l income tax withheld 18834.58
3	Social security wages 89896 , 42		4	Social	security tax withheld 5573.58
5	Medicare wages and tips 89896 . 42		6	Medica	re tax withheld 1303,50
d 29	Control number 94812 LOS2/XAW	Dept.		Corp.	Employer use only T 15411

Employer's name, address, and ZIP code

INFOSYS LIMITED 2400 N GLENVILLE DR C150 RICHARDSON TX 75082

b	Employer's FED ID number 58 - 1760235	a Employee's SSA number XXX-XX-4679	
7	Social security tips	8 Allocated tips	
9		10 Dependent care benefits	
11	Nonqualified plans	12a C	20.80
14 Other	Other	12b DD	2735.10
		12c	
		12d	
		13 Stat emp. Ret	L plan 3rd party sick pay

RUPA MINUPURI ISABELLINE BLUFF 4280 CUMMING GA 30040

15	State	Employer's state ID no. 1945856 - QS	16	State wages, tips, etc. 89896 . 42
17	State	income tax 4796.23	18	Local wages, tips, etc.
19	Loca	Income tax	20	Locality name

GA.State Filing Copy 2 Wage and Tax Statement

2022 W-2 and EARNINGS SUMMARY



Employee Reference	Conv
Employee Reference W-2 Wage and Tax Statement	2022
Copy C for employee's records.	OMB No. 1545-0008

Employer use ont 032903 ATLA/46K SF0150

Employer's name, address, and ZIP code STRATEGIC STAFFING SOLUTIONS 3011 W GRAND BLVD # 2100 DETROIT MI 48202

Batch #06787

e/f Employee's name, address, and ZIP code RUPA MINUPURI 4280 ISABELLINE BLUFF CUMMING GA 30040

-	J			
b	Employer's FED ID number 59-3455070	a Employee's SSA number XXX - XX - 4679		
1	Wages, tips, other comp. 24200.00	2 Federal income tax withheld 2626.41		
3	Social security wages 24200.00	4 Social security tax withheld 1500.40		
5	Medicare wages and tips 24200.00	6 Medicare tax withheld 350.90		
7	Social security tips	6 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 pa		
	State Employer's state ID no GA 2102993 - LZ	. 16 State wages, tips, etc. 24200.00		
17	State income tax 1311.10	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	GA. State Wages, Tips, Etc. Box 16 of W-2
24,200.00	24,200.00	24,200.00	24,200.00
24,200.00	24,200.00	24,200.00	24,200.00
	Compensation Box 1 of W-2 24,200.00	Compensation Box 1 of W-2 Box 3 of W-2 24,200.00 24,200.00	Compensation Box 1 of W-2 Box 3 of W-2 Box 5 of W-2 24,200.00 24,200.00 24,200.00

2. Employee Name and Address.

RUPA MINUPURI 4280 ISABELLINE BLUFF CUMMING GA 30040

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1	Wages, tips, other c	omp. 00.00	2	Federa	l income	tax withheld 2626.41
3	Social security wages 24200.00		4	Social	security	tax withheld 1500.40
5	Medicare wages and tips 24200.00		6	Medica	re tax w	ithheld 350.90
d	Control number	Dept.	Г	Corp.	Empl	oyer use only
0	32903 ATLA/46K	SF0150			T	1410

Employer's name, address, and ZIP code STRATEGIC STAFFING SOLUTIONS 3011 W GRAND BLVD # 2100 DETROIT MI 48202

b	Employer's FED ID number 59 - 3455070	a Employee's SSA number XXX-XX-4679
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12
14	Other	12b
		120
		12d
		13 Stat emp. Ret. plan 3rd party sick pay

RUPA MINUPURI 4280 ISABELLINE BLUFF **CUMMING GA 30040**

16 State wages, tips, etc. 24200.00
18 Local wages, tips, etc.
20 Locality name

Federal Filing Copy 2 Wage and Tax Statement

1	Wages, tips, other comp. 24200.00					
3	Social security wages 24200.00		4 Social security tax wit			
5	Medicare wages and tips 24200.00		6 Medic	are tax w	ithheld 350.90	
d	Control number	Dept.	Corp. Employer use			
03	32903 ATLA/46K	SF0150	San Ellis	T	1410	
c	Employer's name,	ddress, a	nd ZIP cod	le		

Fold and Detach Here

STRATEGIC STAFFING SOLUTIONS 3011 W GRAND BLVD # 2100 DETROIT MI 48202

b	Employer's FED ID number 59 - 3455070	a Employee's SSA number XXX-XX-4679		
7	Social security tips	8 Allocated tips		
9		10 Dependent care benefits		
11	Nonqualified plans	12a		
14	Other	12b		
		12c		
		12d		
		13 Stat emp. Ret. plan 3rd party sick pay		

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

RUPA MINUPURI 4280 ISABELLINE BLUFF **CUMMING GA 30040**

15	State	Employer's state ID no. 2102993 - LZ	16	State wages, tips, etc. 24200.00
17	State	1311.10	18	Local wages, tips, etc.
19	Loca	Income tax	20	Locality name

GA.State Reference Copy -2 Wage and Tax 20

1	Wages, tips, other 242	comp.	2	Federa	al incom	e tax withheld 2626.41
3	Social security wages 24200.00			Social	security	tax withheld 1500.40
5	Medicare wages an 242	d tips 00.00	6 Medicare tax withheld 350.9		ithheld 350.90	
d 03	Control number 2903 ATLA/46K	Dept. SF0150		Corp.	Emp T	loyer use only 1410
•	Employer's name	ddraga a	-	71D		

STRATEGIC STAFFING SOLUTIONS 3011 W GRAND BLVD # 2100 DETROIT MI 48202

b	Employer's FED ID number 59-3455070	a Employee's SSA number XXX-XX-4679
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
		12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pay
		13 Stat emp. Het, plan 3rd party sick

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

RUPA MINUPURI 4280 ISABELLINE BLUFF **CUMMING GA 30040**

10	A 2102993-LZ	no. 16 State wages, tips, etc. 24200.00
17	State income tax 1311.10	18 Local wages, tips, etc.
19	Local income tax	20 Locality name

GA.State Filing Copy 2 Wage and Tax Statement Statement

his information is being furnished to the Internal Revice. If you are required to file a tax return, a negarally or other sanction may be imposed on you if taxable and you fail to report it. Sorm W-2 Wage and Tax Statement 2022 ppy C—For EMPLOYEE'S RECORDS	gligence	Gross Wages Tabl Benefits Group Term Life Adoption Deferred Comp Section 125 Other Pretax/Wage Limit W-2 Wages	Federal Box 1 53040.00	3 and 7 53040.00	Medicare Box 5 53040.00		
CONTROL NUMBER 000760685101	2022	OMB NO. 1545 - 0008	1 WAGES, TIPS, OTHER C		2. FEDERAL INC	OME TAX WITHHELD	(Bellehal)
EMPLOYER IDENTIFICATION NUMBER (EIN) 04-3496741	296-15-	SOCIAL SECURITY NUMBER 4679	3. SOCIAL SECURITY WAGE			RITY TAX WITHHELD	7218.40
Beacon Hill Staffing Group, LLC 152 Bowdoin Street			5. MEDICARE WAGES AND		6. MEDICARETA:	Q.E&BITTW X	3288.48
Boston MA 02108	13. Statistory Employee	Retirement Dird-Party Plan Sick Pay	7. SOCIAL SUCURITY TIPS	53040.00	8. ALLOCATED TO	PS	769.08
MICHTES PERS NAME AND NOTEAL LUDA MINUPURI 280 I Sabelline bluff Lumming GA 30040-1384 ISA MPLOYEES ADDRESS AND ZIP CODE	1 U	SUFF.	9. 11. NONQUALBRIED PLANS 14. OTHER		10. DEPENDENT C		
STATE EMPLOYERS STATE ID NUMBER 16. STATE WAR 2300919-SS	GES, TIPS, ETC. 53041	0.00 17 STATE INCOME TAX 288	85.32 IR LOCAL WA	GES, TIPS, ETC. 19. LOCAL,	INCOME TAX	20. LOCALITY	NAME
CONTROL NUMBER 000760685101	ON	MB NO. 1545 - 0008	1. WAGES, TIPS, OTHER COI		2. FEDERAL IN	COME TAX WITHHELD	
EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMI	PLOYEE'S SOCIAL SE 6-15-4679		3. SOCIAL SECURITY WAGE		4. SOCIAL SEC	CURITY TAX WITHHELD	7218.40
EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Beacon Hill Staffing Group, LLC	0-10-40/9		5. MEDICARE WAGES AND T			TAX WITHHELD	3288.48
152 Bowdoin Street Boston MA 02108			7 SOCIAL SECURITY TIPS	53040.00	8 ALLOCATED	TIPS	769.08
EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME			0		10. DEPENDE	NT CARE BENEFITS	45
Cumming GA 30040-1384 USA							
IS SAVE GA 200919-SS Form W-2 Wage and Tax Statement Popy 2—To Be Filed With Employee's State, City, o 0.00760-685101 B EMPLOYER DESTRICTION NUMBER (EIN) 04-34967441 25 26M/CYER SAME ADDRESS, AND OF CODE	or Local Income	Tax Return 2021	1 WAGES, TIPS, OTHER COL	Dep 53040.00 s 53040.00	2 FEDERAL INC	COME TAX WITHHELD	Third-Party Bick Pay all Revenue Service 7218.40 3288.48
IS SATE DAMOCRES STATE DI NAMBER GA 2300919-SS FORM W-2 Wage and Tax Statement LOPY 2—TO BE Filed With Employee's State, City, o D. CONTROL HAMBER 000760685101 A E MANCHES BORTHICATION HAMBER (EIR) 04-3496741 25 E MANCHES IN MANCHES IN DEP COCE BEACON HIII Staffing Group, LLC 152 BOWGOOTS Street 152 BOWGOOTS STREET 155 ENTRY TO THE STATE DAMAGER (EIR) A E 155 ENTRY TO THE STATE DAMAGER (EIR) A E 155 ENTRY TO THE STATE DAMAGER 155 ENTRY TO THE STATE DAMAGER (EIR) A E 155 ENTRY TO THE STATE DAMAGER (EIR) A E 155 ENTRY TO THE STATE DAMAGER (EIR) A E 155 ENTRY TO THE STATE DAMAGER (EIR) A E 155 ENTRY TO THE STATE DAMAGER (EIR) A E 155 ENTRY TO THE STATE DAMAGER (EIR) A E 155 ENTRY TO THE STATE DAMAGER (EIR) A E 155 ENTRY TO THE STATE DAMAGER (EIR) A E 155 ENTRY TO THE STATE DAMAGER (EIR) A E 155 ENTRY TO THE STATE DAMAGER (EIR) A E 155 ENTRY TO THE STATE DAMAGER (EIR) A E 155 ENTRY TO THE STATE DAMAGER (EIR) A E 155 ENTRY TO THE STATE DAMAGER (EIR) A E 155 ENTRY TO THE STATE DAMAGER (EIR) A E 155 ENTRY TO THE STATE DAMAGER (EIR) A E 155 ENTRY TO THE STATE DAMAGER (EIR) A E 155 ENTRY TO THE STATE DAMAGER (EIR) A E 155 ENTRY TO THE STATE DAMAGER (EIR) A E 155 ENTRY TO THE STATE DAMAGER (EIR) A E 156 ENTRY TO THE STATE DAMAGER (EIR) A E 157 ENTRY TO THE STATE DAMAGER (EIR) A E 157 ENTRY TO THE STATE DAMAGER (EIR) A E 157 ENTRY TO THE STATE DAMAGER (EIR) A E 157 ENTRY TO THE STATE DAMAGER (EIR) A E 157 ENTRY TO THE STATE DAMAGER (EIR) A E 157 ENTRY TO THE STATE DAMAGER (EIR) A E 157 ENTRY TO THE STATE DAMAGER (EIR) A E 157 ENTRY TO THE STATE DAMAGER (EIR) A E 157 ENTRY TO THE STATE DAMAGER (EIR) A E 157 ENTRY TO THE STATE DAMAGER (EIR) A E 157 ENTRY TO THE STATE DAMAGER (EIR) A E 157 ENTRY TO THE STATE DAMAGER (EIR) A E 157 ENTRY TO THE STATE DAMAGER (EIR) A E 157 ENTRY TO THE STATE DAMAGER (EIR) A E 157 ENTRY TO THE STATE DAMAGER (EIR) A E 157 ENTRY TO THE STATE DAMAGER (EIR) A E 157 ENTRY TO THE STATE DAMAGER (EIR) A E 157 ENT	5304 or Local Income	40.00 28 Tax Return 2021	85.32	Dep. MPENBATION 53040.00	2 FEDERAL INC 4 SOCIAL SEC	Treasury - International Comments with the LD Comme	al Revenue Service
IS SAIVE GAR 2300919-SS Form W-2 Wage and Tax Statement copy 2—To Be Filed With Employee's State, City, of CONTROL MUMBER 000760685101 D. CONTROL MUMBER 0004394541 D. CONTROL MUMBER (EIR) ACCRESS AND 2P CODE BURNOTER STATES SAME ADDRESS, AND 2P CODE BEACO HE STATES SAME ADDRESS AND 2P CODE BEACO HE STATES AND 2P CODE BEACO HE STATE	5304 or Local Income	40.00 28 Tax Return 2021	1 WAGES, TIPS, OTHER COI 3 SOCIAL BECURITY WAGE: 5 MEDICARE WAGES AND T	Dep 53040.00 5 53040.00	2 FEDERAL INC 4 SOCIAL SEC 6. MEDICARE 1 8. ALLOCATED	Treasury - International Come Tax WITHHELD URITY TAX WITHHELD AX WITHHELD TIPS	7218.40 3288.48
IS SAINE DAMOCRES STATE IN NAMBER GA 2300919-SS FORM W-2 Wage and Tax Statement Popy 2—To Be Filed With Employee's State, City, o D. CONTROL HUMBER 000760685101 EMPLOYERS MANE ADDRESS, AND 2P CODE BEACONET BILL Staffing Group, LLC 152 Bowdoin Street Boston MA 02108 EMPLOYEE'S FIRST NAME AND INITIAL EMPLOYEE'S FIRST NAME	5304 or Local Income	40.00 28 Tax Return 2021	1 WAGES, TIPS, OTHER CO. 3. SOCIAL SECURITY WAGE 5 MEDICARE WAGES AND T 7. SOCIAL SECURITY TIPS	Dep 53040.00 5 53040.00	2 FEDERAL INC 4 SOCIAL SEC 6. MEDICARE 1 8. ALLOCATED	Treasury - International Comments with the LD Comme	7218.40 3288.48
IS SAVE GAR 200919-SS INCOMMENT IN EVALUATION OF THE PROPERTY	5304 or Local Income	A0.00 28: - Tax Return 202 0000 0000 0000 0000 0000 0000 000	1 WAGES, TIPS, OTHER CO. 3 SOCIAL SECURITY WAGE 6 MEDICARE WAGES AND T 7, SOCIAL SECURITY TIPS 9.	Dep 53040.00 5 53040.00	2 FEDERAL INC 2 FEDERAL INC 4 SOCIAL SEC 6 MEDICARE 1 8 ALLOCATED 10 DEPENDER 12 #d	Treasury - International Come Tax WITHHELD URITY TAX WITHHELD AX WITHHELD TIPS	7218.40 3288.48
IS SAVE GAR 200919-SS Form W-2 Wage and Tax Statement 2007-20-To Be Filed With Employee's State, City, o 0.000780, NUMBER 000760685101 0.4-3496741 25 26 28 28 28 28 28 28 28 28 28	5304 or Local Income C EMPLOYEE'S SOUGH, 1976 996-15-4679	A0.00 28: Tax Return 2021 MB NO. 1545 - 0008 SECURITY NUMBER 17. STATE INCOME TAX	1 WAGES, TIPS, OTHER COLO. 1 WAGES, TIPS, OTHER COLO. 3 SOCIAL SECURITY WAGES 5 MEDICARE WAGES AND T. 7, SOCIAL SECURITY TIPS 9. 11. NONGUALIFED PLANS 14. OTHER	53040.00 53040.00 53040.00	2 FEDERAL INC 2 FEDERAL INC 4 SOCIAL SEC 0 MEDICARE 1 0 ALLOCATED 10 DEPENDEN 12. 4d	Treasury - Internal COME TAX WITHHELD URITY TAX WITHHELD TUPS TAX WITHHELD TUPS TY CARE SENEFITS	7218.40 3288.48 769.08
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₹1095-C	
Department of the Treasury	

Employer-Provided Health Insurance Offer and Coverage

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OMB No. 1545-2251

Department of the Treasu Internal Revenue Service	iry				m1095C for instru		the latest information	n,		CORRE	CTED	20	22
Part I Employ	ree						Applicable Large E	Employer Mer	nber (Employe	r)			
1 Name of employee (fire RUPA	1	MINUPU			Social security number		Name of employer FARMERS GROU	P, INC.				8 Employer identification 95-0725935	on number (EIN)
3 Street address (includi 2442 ROBIN							Street address (including 1299 ZURICH					10 Contact telephone r 888-275-97	
4 City or town NORTHLAKE		5 State or provi	nce	6 Countr	ry and ZIP or foreign p 76247	ostal code 11	City or town SCHAUMBURG		12 State or provi	nce		13 Country and ZIP or US 60196-1	
Part II Employ	ee Offer of C	overage		Employ	ee's Age on Janu	ary 1:	ı	Plan Start Mo	nth (enter 2-digit	number): 01			
	All 12 Months	Jan	Feb	Mar	Apr	May	y June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1н	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	s 17.	75 \$ 17.75	\$ 17.75	s 17.75	s 47.23	\$ 47.2	3 s 47.23	\$ 47.23
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2D	2D	2G	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form 1095-C (2022)

Form 1095-C (2022)

600320 Page 3

	(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other	(d) Covered						Months						
Fi	rst name, middle initial, last name		TIN is not available)	all 12 months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	De
8 RUPA	MINUPURI	XXX-XX-4679								×	×	×	×	×	×	>
9 ARJUN	CHILUKURI	XXX-XX-6412								×	×	×	×	×	×	>
0 ARVIN	CHILUKURI	XXX-XX-7015								x	×	×	x	×	×	>
M SUBHASH	CHILUKURI	XXX-XX-3353								×	×	×	×	×	×	>
2																
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Form 1095-C
Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-2251 2022

SUL T	3 St 428	4 0		Par	14 Offer of Coverage (e required co	15 Emplo Required Contribut Instructio	16 Sec Safe H Other I code,	7 ZIP	Part III		<u></u>	5	8	21	22	2
1 Name of employ SUBHASH	3 Street address (including apartment no.) 4280 ISABELLINE BLF	4 City or town	75	Part II Emp	14 Offer of Coverage (enter required code)	byee ion (see ns)	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	17 ZIP Code		(a) Name First name						
ee (first name,	ncluding apart		James Off	loyee Off	THE RESIDENCE	G)		1	If Employer provided se	(a) Name of covered individual(s) First name, middle initial, last name						
1 Name of employee (first name, middle initial, last name) SUBHASH CHILUKURI	ment no.)	5 State or province	ar of County	Employee Offer of Coverage	1E	\$ 0.00\$	20	1 1 1	iduals ided self-insu	last name						
URI		100	GA		1E	0.00	20	1 1 1	ired coverage	(b) SSN or other IIN						
2 Social		6 Country	-		1E	\$ 0.00	2C	1	check the							
2 Social security number (SSN) ****-**-3353		6 Country and ZIP or foreign postal code	30040-1384	Employee's Age on January 1	1E	\$ 0.00 \$	20	1 1	Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. Name of provided individuals. (a) Norths of coverage	TIN is not available) all 12 months						
		-		Age on Ja	1E	0.00	2C		the informa	e) all 12 months						
7 Name of employer	9 Street address (including room or suite no.) 100 MARINE PARKWAY SUITE 275	11 City or town	REDWOOD CITY	inuary 1	1E	\$ 0.00	2C		tion for ea	ns Jan						
nployer	ress (includ	3	DD CIT		. ,	<u>6</u>			ich indiv	Feb						
- 15	RKW/				1H		2A		idual er	Mar						
mployer 8 Employe	or suite no	12 State or province	2	Plan S	1H	↔	2A	-	rolled in	Apr N						
	o.) E 275	or provinc	CA	tart M		€9		- 1	(e) Mo	May Ju						
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				inter 2-	1	€9	Ν.		uding th	ly Aug						
8 Empl	10 Conta	13 Count		digit nui	1 2		2A	1	ie empl	g Sept						
8 Employer identification number (EIN) 45-2730536	10 Contact telephone number (650) 701-7350	13 Country and ZIP or foreign postal code	94	Plan Start Month (enter 2-digit number): 01	1H	S	2A	1	oyee.	pt Oct						
er identification no 45-2730536	t telephone number (650) 701-7350	or foreign p	94065)1		₩		1		Nov						
number (E	50 50	postal cod			1H		2A	1		v Dec						

Infosys Limited 2400 N. Glenville Drive, STE C150 Richardson, TX 75082



RUPA MINUPURI 2442 ROBIN WAY JUSTIN TX 76247-1665

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Form 1095-C			Empl	oyer-P	rovided He	alth Insi erage	urand	e O	ffer a	nd		_ v	OID		-	OMB No	. 1545-2	251
Department of the Treasury Internal Revenue Se	rvice				ach to your tax ov/Form1095C fo	return. Kee				on.			ORR	ECTE		20	22	2
PartI Em	ployee							App	licabl	e Larg	e En	ploye	r Me	mber (Emp	loyer)	
1 Name of employ Rupa		middle initial, Minupuri	last name)	2 Social se xxx-xx-46	ecurity number (SS 79	N)	7 Name		yer					8 Emplo 58-176	•	tification	number	(EIN)
3 Street address (2442 Robin Way	including apar	tment no.)					9 Street : 2400 N.			ng apartm TE C150	ent no)		10 Cont 469-26	act telep 9-9314	phone n	umber	
4 City or town Justin	T	5 State or pr	ovince	6 Country code USA 762	and ZIP or foreign 47	postal	11 City o					12 Sta province TX		code	try and 75082	ZIP or f	foreign p	ostal
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14 Offer of	All 12 Months	Jan	Feb	Ма	r Apr	May	Jui	n	Jul	A	wg	Se	pt	Oct		Nov	D	ec
Coverage (enter required code)		1H	1H	1H	1E	1E	1E		1E	1E		1E		1E	18		1E	
15 Employ ee Required Contribution (see instructions)	\$	\$	\$	\$	\$89.24	\$89.24	\$89.24	\$	89.24	\$ 89.2	4	\$89.24		89.24	\$ 89	9.24	\$ 89.2	4
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2D	2C	2C	2C	:	2C	2C		2C		2C	24	С	2C	
17 ZIP Code																		
Part III Cove	ered Indiv	iduals ^{II}	Employer pro	ovided self-ins	ured coverage, chec	k the box and e	enter the i	nformati	on for ea	ch individu	al enro	lled in cov	erage, i	ncludingt	he emplo	yee.	X	
 a) Name of covered indi- name, middle initial, last r 		(b	SSN or othe	ar TIN	(c)DOB (If SSN or other TIN is	(d) Covered all 12					(e)	Months	of cover	age				
					not av ailable)	months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
18Rupa	Minupuri	XXX-XX	-4679						X	X	X	X	X	X	X	X	X	X
19																		
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form 1095-C (2022)



560118 B. No. 1545-2252

1095_B		Health Coverage	PERMIP							VOID			OMB. No. 1545-2252	1545-22	52
ΙŻ	Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095B for instructions and the latest information.	Do not attach to your tax return. Keep for your records. w.irs.gov/Form 1095B for instructions and the latest inf	n. Keep for you ctions and the	r record	ls. nformat	ion			0	CORRECTED	TED		20	2022	
nsible Individual		TRAC	TRACKING #: 99	9923352T6	76										
of	last name			2 S	ocial secu	urity num	ber (SSN)	2 Social security number (SSN) or other TIN		3 Date of	birth (if S	SSN or ot	Date of birth (if SSN or other TIN is not available)	not avail	able)
Street address (including apartment no.)		5 City or town		6 5	6 State or province	ovince				7 Country	and ZIP	or foreig	Country and ZIP or foreign postal code	ode	
2442 ROBIN WAY		JUSTIN			X					US 70	US 76247-1665	65			
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): .	ge (see instructions	for codes):	▶ B	9 R	9 Reserved										
Part II Information About Certain Employer-Sponsored Coverage (see instructions)	loyer-Sponsore	d Coverage (se	e instruction	ıs)											
10 Employername									11		er identif	fication n	Employer identification number (EIN)	S	
TRINET HR III, INC										XX-X	XX-XXX9658	000			
12 Street address (including room or suite no.)	-	13 City or town		14 S	14 State or province	rovince			1	5 Countr	y and ZIP	or foreig	15 Country and ZIP or foreign postal code	ode	
IPARK PLACE SUITE 600		DUBLIN			CA					US 94568	4568				
Part III Issuer or Other Coverage Provider (see instructions)	der (see instruc	tions)													
16 Name CALIFORNIA PHYSICIANS SERVICE	Е			17 E	mployer	identifica	17 Employer identification number (EIN)	ber (EIN)	1	18 Contact telephone number	t telepho	ne numb	ег		
DBA BLUE SHIELD OF CALIFORNIA		Office and the second		9	94-0360524	524					800-8	800-894-5565	5		
				!						9	-	9	and the second s	0	
Part IV Covered Individuals (Enter the information for each covered individual.)	information for e	OAKLAND each covered in	dividual.)		CA					US 94607	4607				
(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (If SSN or other TIN is not	(d) Covered all 12 months					(e) Months	(e) Months of coverage	ge				
		available)		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
SUBHASH 23 CHILUKURI	XXX-XX-3353			×	X	×	X	X	X						
RUPA 24 MINUPURI	XXX-XX-4679			×	×	×	×	×	X						
ARJUN R 25 CHILUKURI	XXX-XX-6412			×	×	X	×	X	X						,
ARVIN R 26 CHILUKURI	XXX-XX-7015			×	×	×	X	X	×						
27															
28															
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. 2H8791 4.000	e, see separate inst	ructions.			Cat. No	Cat. No. 60704B							Form	1095-	1095-B (2022)



RETURN SERVICE ONLY PLEASE DO NOT SEND MAIL TO THIS ADDRESS PO Box 818080 808 Postal Road Cleveland, OH 44181

1/6/23

OUR INFO ONLINE www.mrcooper.com

YOUR INFO LOAN NUMBER 0684476625

PROPERTY ADDRESS 4280 ISABELLINE BLUFF CUMMING, GA 30040

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2442 ROBIN WAY JUSTIN TX 76247-1665

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

ANNUAL ESCROW AND INTEREST STATEMENT

SUBHASH CHANDRA REDDY CHILUKURI 4280 ISABELLINE BLUFF CUMMING, GA 30040

Nationstar Mortgage LLC d/b/a Mr. Cooper 8950 Cypress Waters Blvd. Coppell, TX 75019 TIN#: 75-2921540

YEAR: 2022 ACCT #: 0684476625 SSN/TIN: XXX-XX-3353

DISBURSEMENTS FROM ESCROW

CURRENT TOTAL PYMT: \$0.00 CURRENT ESCROW PYMT: \$0.00 CURRENT OPTIONAL INS PYMT: \$0.00

PRINCIPAL RECONCILIATION

BEG BAL: \$480,580.27 APPLIED BALANCE: \$480,580.27 ENDING BAL: \$0.00

INTEREST RECONCILIATION
INTEREST PAID: \$7,509.05
MORTGAGE INTEREST RECEIVED FROM
PAYER(S)/BORROWER(S): \$7,706.31

CORRECTED (if checked)

	U CORF	RECTED (If checked)		
RECIPIENT'S/LENDER'S name, stre province, country, ZIP or foreign po Nationstar Mortgage LLC 8950 Cypress Waters Blvc Coppell, TX 75019 Customer Service: 888-48	stal code, and telephone no. d/b/a Mr. Cooper	*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not relimbursed by another person.	Mortgage Interest Statement	
		1 Mortgage interest received fr \$ 7,706.31	om payer(s)/borrower(s)*	Copy B For Payer/
RECIPIENT'S/LENDER'S TIN 75-2921540	PAYER'S/BORROWER'S TIN XXX-XX-3353	2 Outstanding mortgage principal \$ 480,580.27	3 Mortgage origination date 08/27/2021	Borrower The information in boxes 1 through 9 and 11 is
PAYER'S/BORROWER'S name		4 Refund of overpaid interest \$ 0.00	5 Mortgage insurance premiums \$ 0.00	important tax information and is being furnished to the IRS. If you are required
SUBHASH CHANDRA REDDY CHILUKURI		6 Points paid on purchase of p \$ 0.00	to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines	
Street address (including apt. no.) 4280 ISABELLINE BLUF	F	7 X If address of property se as PAYER'S/BORROWER'S at the address or description is e	ddress, the box is checked, or	that an underpayment of tax results because you overstated a deduction for this mortgage interest or for
City or town, state or province, cou CUMMING, GA 30040	ntry, and ZIP or foreign postal code	8 Address or description of pro	operty securing mortgage	these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or
9 Number of properties securing the mortgage O1	10 Other			because you claimed a nondeductible item.
Account number (see instructions) 0684476625				11 Mortgage acquisition date

Form 1098 (Rev. 1-2022)

(Keep for your records)

www.irs.gov/Form1098

Department of the Treasury - Internal Revenue Service



004517 RO9MU701 004517

46K 0030 A1127 000001220

000004515 J0437671 STRATEGIC STAFFING SOLUTIONS 3011 WEST GRAND BOULEVARD SUITE DETROIT, MI 48202



46KPNA95CPY000003440A427A122

004517 RO9MU701 46K 0030 A1127 000001220 RUPA MINUPURI 4280 ISABELLINE BLUFF CUMMING, GA 30040

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

900750

1095	-6	Emp	lover-Pr	ovided	Health Insu	irance	Offer	and (Cove	rage		v	OID		L	OMB No.	1545-225	51
Department of the T	reasury			o not attac	h to your tax return	. Keep for	your reco	rds.					ORRE	CTED		20	22	
Part I Em	oloyee		QU TO WW	a a govern	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				able L	arge E	mploy	er Me	mber	(Empl	loyer)	17		
1 Name of employ		middle initial, last	name)		ial security number (SS		7 Name of 6 STRATE		STAFE	ING	SOLU	TIONS	S		Employer 9-345		ion numb	xer (EIN)
3 Street address (ncluding apartn						9 Street add 3011 W		-			ARD	SUITE		Contact to			
4 City or town		5 State or provin			ntry and ZIP or foreign po	ostal code 1	1 City or too	vn			ite or pro		M	13 (Country an			tal code
Part II Em		r of Covera		A OC	Employee's A					Plan	Start	Monti		_	t numbe			
City City	All 12 Months	Jan	Feb	Mar	Apr	May	June		July	_	ug	Sep	_	Oct		Nov	D	lec
14 Offer of Coverage (enter required code)	2 7 7 A	1E	1E	1H	1H	1H	1H		1H	1	н	1H		1H	,	н	1H	1
15 Employee Required Contribution (see	10.00											•						
instructions) 16 Section 4980H	5	\$ 181.49	6 181.4	90	-		9	-		0		5	-		-		0	2
Safe Harbor and Other Relief (enter a code, if applicable)		2H	2H	28	2A	2A	2A		2A	2	A	2A		2A	1	2A	24	
17 ZIP Code	ered Indivi	duole			1													
If En	nployer provi	ided self-insu		-	ne box and enter t		-	ach inc	dividual	enrolle	THE RESERVE NAMED IN	THE PERSON NAMED IN	includir of covera	-	employe	ee. []	-1
	of covered indi is, middle initial.		(b) 85N	or other TIN	TIN is not available)	all 12 mon		Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
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