							Fed	deral Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5		
To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments. 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 C—For EMPLOYEE'S RECORDS						Gross Wage Txbl Benefi Group Term Adoption Deferred Co Section 125 Other Preta	ts Life		123346. 587. 100. (16536.4 (4568.3	41 587. 80 100. 14)	587.41 580 100.80	
						W-2 Wages			102929.	.82 119466.	26 119466.26	
D. CONTROL NUMBER 000562814101					O. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 102929.82				2. FEDERAL INCOME TAX WITHHELD 6396.33		
B. EMPLOYER IDENTIFIC	ATION NUMBER (EIN)	A. EMPLOYEE'S		IRITY NUM	BER	3. SOCIAL SECURITY WAGES				4. SOCIAL SECURITY TAX WITHHELD		
04-2437166		XXX-XX-1764				119466.26 5. MEDICARE WAGES AND TIPS					7406.91	
C. EMPLOYER'S NAME, NTT DATA, Inc	ADDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AN	ID TIPS 119466.26	j	6. MEDICARE TAX WIT	1732.26	
7950 Legacy Dr Suite 1100 Plano TX 75024						7. SOCIAL SEC	CURITY TIPS			8. ALLOCATED TIPS		
Fidilo 1A 73024						9. 10. DEPENDENT CARE BENEFITS						
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.					11. NONQUALIFIED PLANS 12.a-d See instruct			12.a-d See instructions fo C	r box 12 100.80			
Hanumantha Rao Yalamanchili 515 Tallowood Rd 30 Houston TX 77024					14. OTHER MOVE 3651.00			3651.00	D W DD	16536.44 900.00 16826.87		
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY RETIRED	EMENT X THIRD-PARTY SICK PAY		
	'S STATE ID NUMBER	16. STATE WAGE	16115.		. STATE INCOME T	AX 434.77	18. LOCAL	WAGES, TIPS,	ETC. 19	LOCAL INCOME TAX	20. LOCALITY NAME	

D. CONTROL NUMBER 000562814101			2022	OMB NO. 1545-000	1. WAGES, T	1. WAGES, TIPS, OTHER COMPENSATION 102929.82			2. FEDERAL INCOME TAX WITHHELD 6396.33			
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD			
04-2437166 XXX-XX-1764						119466.26			7406.91			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE						5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD			
NTT DATA, Inc						119466.26			1732.26			
7950 Legacy Dr Suite 1100 Plano TX 75024					7. SOCIAL SE	7. SOCIAL SECURITY TIPS				8. ALLOCATED TIPS		
FIGURE 1A 75024						9.			10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST NA	ME AND INITIAL	LAST NA		SUFF.	11. NONQUAI	IFIED PLANS		12.a-d		400.00		
Hanumantha Rao		Yalama	anchili					C		100.80		
515 Tallowood Rd	515 Tallowood Rd					14. OTHER MOVE 3651.00				16536.44 900.00		
30	30							W DD		16826.87		
Houston TX 77024												
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE								EMPLOYEE	PLA	SICK PAY		
15. STATE EMPLOYER	'S STATE ID NUMBER	16. STATE WAG	ES, TIPS, E	TC. 17. STATE INCOME	TAX	18. LOCAL WAGE	S, TIPS, ETC.	19. LOCAL INCOM	1E TAX	20. LOCALITY NAME		
AZ 0042437	166		16115	.38	434.77							

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000562814101	2022	OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATI 102929.8		2. FEDERAL INCOME TA	XX WITHHELD 6396.33		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER				CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD			
04-2437166 XXX-XX-1764				119466.2	26	7406.91			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP C	ODE		5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WITHHELD			
NTT DATA, Inc				119466.2	26	1732.26			
7950 Legacy Dr Suite 1100 Plano TX 75024				7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
FIGITO 1X 73024	9.			10. DEPENDENT CARE BENEFITS					
E. EMPLOYEE'S FIRST NAME AND INITIAL	LAST NAME	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d			
Hanumantha Rao	Yalamanchili					С	100.80		
515 Tallowood Rd			14. OTHER MO	OVE	3651.00	D W	16536.44 900.00		
30						DD	16826.87		
Houston TX 77024 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE							REMENT X THIRD-PARTY		
15. STATE EMPLOYER'S STATE ID NUMBER				18. LOCAL WAGES, TIP	S, ETC. 19	D. LOCAL INCOME TAX	20. LOCALITY NAME		
AZ 0042437166	16115	5.38	434.77						

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL	. NUMBER		ONAR	NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSA	TION	2. FEDERAL INCOME TA	X WITHHELD	
000562814	4101	202	22 OIVIB	NO. 1545-0008		102929	.82		6396.33	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER					3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
04-2437166 XXX-XX-1764					119466.26			7406.91		
C. EMPLOYE	R'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WIT	6. MEDICARE TAX WITHHELD	
NTT DATA,					119466.26			1732.26		
7950 Legacy Dr Suite 1100 Plano TX 75024					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
Fiano IX 7	3024		9.			10. DEPENDENT CARE BENEFITS				
E. EMPLOYE	E'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d See instructions for	r box 12	
Hanumant	ha Rao	Yalamanchi	ili					С	100.80	
EAE TO U.S.					14. OTHER MO		2054.00	D	16536.44	
30 Tallow	515 Tallowood Rd					DVE	3651.00	W	900.00	
Houston T	V 77024					DD	16826.87			
ISA F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETIREMPLOYEE PLAN	THIRD-PARTY SICK PAY	
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TII	PS, ETC.	17. STATE INCOME 1	AX	18. LOCAL WAGES, T	IPS, ETC. 19	LOCAL INCOME TAX	20. LOCALITY NAME	
AZ	0042437166	16	5115.38		434.77					