2022 W-2 and EARNINGS SUMMARY



Employee Reference Statement

Copy Wage and Tax

Corp.

Control number Dept. CLI2/CTS SH0439

Copy C for employee's record

Employer 12607

Employer's name, address, and ZIP code

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

Batch #02305

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

ARIHARAN MANIPILLAI 5002 BELLEROYAL CT FORT MILL SC 29707-0181

b Employer's FED		
13-392		Employee's SSA number XXX-XX-4651
1 Wages, tips, ot	her comp. 2	Federal income tax withheld
	52450.21	5919.34
3 Social security	wages 4	Social security tax withheld
!	55560.26	3444.74
5 Medicare wage:		Medicare tax withheld
!	55560.26	805.62
7 Social security	tips 8	Allocated tips
9	10	Dependent care benefits
11 Nonqualified pla	ans 12	2a See instructions for box 12
		C 91.13
14 Other		2b D 3110.05
14 Other	12	2b D 3110.05
14 Other	12 12	26 D 3110.05 26 26
14 Other	12 12	2b D 3110.05
15 State Employe	12 12 13	26 D 3110.05 26 26
15 State Employe	r's state ID no. 10	2b D 3110.05 2c
15 State Employe	r's state ID no. 10	bb 3110.05 cc dd 3 Stat emp Ret plan 3rd party sick pay 6 State wages, tips, etc.

Federal income tax withheld 52450.21 5919.34 Social security wages 55560.26 Social security tax withheld 3444.74 Medicare wages and tips 55560.26 Medicare tax withheld 805.62 d Control number Employer use only 882486 CLI2/CTS SH0439 12607 Employer's name, address, and ZIP code COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-4651						
7	Social security tips	8 Allocated tips						
9		10 Dependent care benefits						
11	Nonqualified plans	12a See instructions for box 12 C 91.13						
14	Other	^{12b} D 3110.05						
		12c						
		12d						
		13 Stat emp Ret. plan 3rd party sick pay						
e/f	Employee's name, address a	nd ZIP code						

ARIHARAN MANIPILLAI **5002 BELLEROYAL CT** FORT MILL SC 29707-0181

15	State	Employer's state ID no TOTAL STATE	. 16 State wages, tips, etc.
17	State	income tax 2769.90	18 Local wages, tips, etc.
19	Local	income tax	20 Locality name
		Federal Fil	ing Copy

Wage and Statement Copy B to be filed with employee's Federal Income Tax Return information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

This blue section is your Earnings Summary which provides more detailed

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	NC. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	55,469.13	55,469.13	55,469.13	12,727.79
Plus GTL (C-Box 12)	91.13	91.13	91.13	21.59
Less 401(k) (D-Box 12)	3,110.05	N/A	N/A	545.59
Reported W-2 Wages	52,450.21	55,560.26	55,560.26	12,203.79

2. Employee Name and Address.

ARIHARAN MANIPILLAI 5002 BELLEROYAL CT FORT MILL SC 29707-0181

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1	1 Wages, tips, other comp. 52450.21			2 Federal income tax withheld 5919.34			
3	Socia	I security wa	ges 560.26	4 Social security tax withheld 3444.74			
5	Medic	care wages ar	nd tips 560.26	6 Medicare tax withheld 805.62			
d	Contr	ol number	Dept.	Corp.	Emplo	yer use only	
88	2486	CLI2/CTS	SH0439	A 12607			
c Employer's name, address, and ZIP code							

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-4651					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a C 21.59					
14	Other	^{12b} D 545.59					
		12c					
		12d					
		13 Stat emp. Ret. plan 3rd party sick pay					
e/f	Employee's name, address a	ind ZIP code					

ARIHARAN MANIPILLAI 5002 BELLEROYAL CT FORT MILL SC 29707-0181

15 State	Employer's state ID no. 600123003	16 State wages, tips, etc. 12203.79
17 State	income tax	18 Local wages, tips, etc.
	470.00	
19 Local	income tax	20 Locality name

NC.State Reference

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

Сору

1	Wages, tips, other of 524	omp. 50.21	2 Federal income tax withheld 5919.34			
3	Social security wag 555	es 60.26	4 Social security tax withheld 3444.74			tax withheld 3444.74
5	Medicare wages and 555	d tips 60.26	6	Medica	re tax v	vithheld 805.62
d	Control number	Dept.		Corp.	Emp	loyer use only
882	2486 CLI2/CTS	SH0439			Α	12607

c Employer's name, address, and ZIP code COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-4651					
7	Social security tips	8 4	8 Allocated tips				
9		10 C	epe	nde	ent care	benefits	
11	Nonqualified plans	12a	С	ı		21.59)
14	Other	12b	D	Ī		545.59)
		12c		1			
		12d		1			
		13 9	Stat e	mp.	Ret. plan	3rd party s	ick pa
e/f	Employee's name, address a	nd ZI	Р со	de			

ARIHARAN MANIPILLAI **5002 BELLEROYAL CT** FORT MILL SC 29707-0181

15 State Employer's state ID no. 600123003	16 State wages, tips, etc. 12203.79
17 State income tax	18 Local wages, tips, etc.
470.00	
19 Local income tax	20 Locality name
NO 01 4 E31	

NC.State Filing Copy Wage and

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

2022 W-2 and EARNINGS SUMMARY

MN.State Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Control number Corp. Employer 12608 CLI2/CTS SH0439

Employer's name, address, and ZIP code

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

Batch #02305

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

ARIHARAN MANIPILLAI 5002 BELLEROYAL CT FORT MILL SC 29707-0181

b	Emplo	yer's FED ID number 13-3924155	а	Em		yee's SS XXX-X		
1	Wage	s, tips, other comp.	2	Fed	era	al income	tax	withheld
		52450.21					5	919.34
3	Socia	I security wages	4	Soc	ial	security	tax	withheld
		55560.26	3444.74				444.74	
5	Medic	are wages and tips	6 Medicare tax withheld					eld
		55560.26	805.62					805.62
7	Socia	security tips	8 Allocated tips					
9			10	Dep	en	dent care	ber	efits
11	Nonq	ualified plans	12	a See	ins	tructions fo		12 5.41
11	Other		12		<u>5</u>			2.54
'	Other		12		1			
			12	-				
			13	Stat	em	p. Ret. plan	3rd p	arty sick pay
15	State	Employer's state ID no). 16	Stat	te v	wages, tip	s, e	tc.
1	MN	3351572					37	862.25
17	State	income tax	18	Loc	al	wages, tip	os, e	tc.
		2294.98						
19	Local	income tax	20	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.

MN. State Wages, SC. State Wages, Tips, Etc. Box 16 of W-2 Tips, Etc. Box 16 of W-2

Gross Pay 40,209.38 2,531.96 Plus GTL (C-Box 12) 65.41 4.13 Less 401(k) (D-Box 12) 151.92 2.412.54 Reported W-2 Wages 37,862.25 2,384.17

2. Employee Name and Address.

ARIHARAN MANIPILLAI 5002 BELLEROYAL CT FORT MILL SC 29707-0181

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1 Wages, tips, other comp. 52450.21			2 Federal income tax withheld 5919.34					
3	Socia	l security was 555	jes 60.26	4 Social security tax withheld 3444.74				
5	Medic	are wages an	d tips 60.26	6 Medicare tax withheld 805.62				
d	Contr	ol number	Dept.	Corp.	Employer	use only		
88	2486	CLI2/CTS	SH0439	A 12608				
c Employer's name, address, and ZIP code								

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155	a E	mplo	yee's SS XXX-X	A number X-4651
7	Social security tips	8 Allocated tips			
9		10 [Depe	ndent car	e benefits
11	Nonqualified plans	12a	See i C	nstructio	ns for box 12 65.41
14	Other	12b	D		2412.54
		12c	l		
		12d			
		13 St	at em	p. Ret. plan	3rd party sick pay
O/f	Employog's name address as	3d 7II	2 ~~~	-	

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

ARIHARAN MANIPILLAI **5002 BELLEROYAL CT** FORT MILL SC 29707-0181

15 State	Employer's state ID no. 3351572	16 State wages, tips, etc. 37862.25
17 State	income tax 2294.98	18 Local wages, tips, etc.
19 Loca		20 Locality name
	MN.State Fili	ng Copy

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

1 Wages, tips, other comp. 52450.21		2 Federal income tax withheld 5919.34				
3 Social security wages 55560.26			4 Social security tax withheld 3444.74			
5 Medicare wages and tips 55560.26		6 Medica	are tax wit	hheld 805.62		
d	Cont	ol number	Dept.	Corp.	Employe	er use only
88	2486	CLI2/CTS	SH0439		Α	12608
c Employer's name, address, and ZIP code						

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155	a Emplo	yee's SSA number XXX-XX-4651	
7	Social security tips	8 Allocated tips		
9		10 Depe	ndent care benefits	
11	Nonqualified plans	12a C	4.13	
14	Other	^{12b} D	151.92	
		12c		
		12d		
		13 Stat em	p. Ret. plan 3rd party sick pay	
/f	Employoo's name address a	nd ZID co	do	

ARIHARAN MANIPILLAI 5002 BELLEROYAL CT FORT MILL SC 29707-0181

15 State SC	Employer's state ID no. 254253533	16 State wages, tips, etc. 2384.17
17 State	income tax	18 Local wages, tips, etc.
	4.92	
19 Local	income tax	20 Locality name
	SC.State Re	ference Copy
W-	Wage ar Statement	QUZZ OMB No. 1545-0008

1	Wages, tips, other of 524	50.21	2 Feder	al income i	5919.34
3	Social security was 555	4 Social security tax withheld 3444.74			
5	Medicare wages an 555	6 Medicare tax withheld 805.62			
d	Control number	Dept.	Corp.	Employe	er use only
88	2486 CLI2/CTS	SH0439		Α	12608

Employer's name, address, and ZIP code

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155	a E		oyee's SSA number XXX-XX-4651		
7	Social security tips	8 A	8 Allocated tips			
9		10 E	ере	endent care benefits		
11	Nonqualified plans	12a	С	4.13		
14	Other	12b	D	151.92		
		12c		1		
		12d		1		
		13 S	tat er	mp. Ret. plan 3rd party sick pay		
e/f	e/f Employee's name, address and ZIP code					

ARIHARAN MANIPILLAI 5002 BELLEROYAL CT FORT MILL SC 29707-0181

15 State	Employer's state ID no. 254253533	16	State wages, tips, etc. 2384.17
17 State	income tax	18	Local wages, tips, etc.
19 Loca	income tax	20	Locality name
CC Ctata Filipa			Canu

SC.State Filing Wage and

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

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return. Box 2. Enter this amount on the federal income tax withheld line of vour tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You Box 12. The following list explains rite codes shown in Box 12. The may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Peferrals under code H are limited to \$7,000. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A-Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B-Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C-Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D-Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E-Elective deferrals under a section 403(b) salary reduction agreement F-Elective deferrals under a section 408(k)(6) salary reduction SEP

G-Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H-Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J-Nontaxable sick pay (information only, not included in box 1, 3, or 5) K-20% excise tax on excess golden parachute payments. See the Form 1040 instructions

L-Substantiated employee business expense reimbursements (nontaxable)

M-Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N-Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040

 $\mbox{\bf P-}\mbox{\bf Excludable}$ moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q-Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S-Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T-Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts

V-Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W-Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y-Deferrals under a section 409A nonqualified deferred compensation plan

Z-Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA - Designated Roth contributions under a section 401(k) plan

BB-Designated Roth contributions under a section 403(b) plan DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF-Permitted benefits under a qualified small employer health reimbursement arrangement

GG-Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.