							Fe	ederal 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.							es ts	37899.8	37899.	37899.82		
required to file a tax return, a negligence penalty or other sanction may be							ı Life	17.8	36 17.	86 17.86		
Form W-2 Wage and Tax Statement 2022						Deferred Co		(2416.80 (1474.79	•	9) (1474.79)		
						W-2 Wages		34026.0	9 36442.	89 36442.89		
D. CONTROL 00056275				2022	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 34026.09			2. FEDERAL INCOME TAX WITHHELD 5572.80			
B. EMPLOYE 04-243716		TION NUMBER (EIN)	A. EMPLOYEE'S S	SOCIAL SEC	URITY NUMBER	3. SOCIAL SECURITY WAGES  36442.89  4. SOCIAL SECURITY TAX WITHHEL  2259				XX WITHHELD 2259.46		
NTT DATA,	Inc	DDRESS, AND ZIP C	ODE			5. MEDICARE	5. MEDICARE WAGES AND TIPS 36442.89 6. MEDICARE TAX WITHHELD 528.					
7950 Lega Suite 1100 Plano TX 7	) ^					7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS						
riano ix i	502.					9.			10. DEPENDENT CARE BENEFITS			
E. EMPLOYE Divya	E'S FIRST NAM	IE AND INITIAL	LAST NA Rajarik		SUFF.	11. NONQUAL	IFIED PLANS	12.a-d See instructions for box 12 C 17.8				
8744 Andreas Ave Orlando FL 32832 USA				14. OTHER			D DD	2416.80 4983.86				
F. EMPLOYEE'S ADDRESS AND ZIP CODE									EMPLOYEE PLAN	EMENT X THIRD-PARTY SICK PAY		
15. STATE   EMPLOYER'S STATE ID NUMBER   16. STATE WAGES, TIPS, ETC.   17. STATE INCOME T				ΓAX	18. LOCAL WAGES, TIPS	i, ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME				

D. CONTROL NUMBI 000562754601	R		2022	OMB NO.	1545-0008	1. WAGES, T	IPS, OTHER COM	APENSATION 34026.09		2. FEDERAL INCOME TA		D 2.80
B. EMPLOYER IDENTIFICATION NUMBER (EIN)   A. EMPLOYEE'S SOCIAL SECURITY NUMBER					3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITHHELD			LD				
04-2437166 XXX-XX-0487					36442.89 2259.46				9.46			
C. EMPLOYER'S NAM	IE, ADDRESS, AND ZIP C	ODE				5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD						
NTT DATA, Inc						36442.89				528.42		
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 NA	ME		SUFF.	11. NONQUALIFIED PLANS				12.a-d		
Divya		Rajarik	cam							C		17.86
8744 Andreas Av	e					14. OTHER				D DD		2416.80
Orlando FL 32832										DD		4983.86
USA						THE CONTROL OF THE CO					T. 1100 040T/	
F. EMPLOYEE'S ADDRESS AND ZIP CODE										13. STATUTORY RETIF	REMENT X	SICK PAY
15. STATE EMPLO	YER'S STATE ID NUMBER	16. STATE WAGE	ES, TIPS, ET	C. 17. S	TATE INCOME 1	AX	18. LOCAL WA	AGES, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCAL	ITY NAME

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2022

Department of the Treasury - Internal Revenue Service

## FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000562754601	2022	OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION 34026.09	2. FEDERAL INCOME 1	FAX WITHHELD 5572.80		
B. EMPLOYER IDENTIFICATION NUMBER (EIN)		URITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY			
04-2437166	XXX-XX-0487			36442.89		2259.46		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP C	ODE		5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX W	6. MEDICARE TAX WITHHELD		
NTT DATA, Inc				36442.89		528.42		
7950 Legacy Dr Suite 1100 Plano TX 75024			7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
Fidilo 1X 73024			9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL	LAST NAME	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d			
Divya	Rajarikam				С	17.86		
8744 Andreas Ave Orlando FL 32832 USA			14. OTHER		D DD	2416.80 4983.86		
F. EMPLOYEE'S ADDRESS AND ZIP CODE					13. STATUTORY RE-	THEMENT X THIRD-PARTY SICK PAY		
15. STATE EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS, E	TC. 17. STATE INCOME 1	AX	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	L NUMBER		ONAD	NO. 1545 0000	1. WAGES, T	PS, OTHER COMPENSA	ATION	2. FEDERAL INCOME TA	XX WITHHELD		
00056275	4601	202	22 OIVIB	NO. 1545-0008		34026	5.09		5572.80		
B. EMPLOYE	ER IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL	SECURITY NU	JMBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
04-243716	66	XXX-XX-0487				36442	2.89		2259.46		
C. EMPLOYE	ER'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD				THHELD		
NTT DATA,					36442.89				528.42		
7950 Lega					7. SOCIAL SEC	7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS					
Suite 1100 Plano TX 7											
Fidilo 1X /	75024				9.			10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYE	E'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUALIFIED PLANS			12.a-d See instructions fo	12.a-d See instructions for box 12		
Divya		Rajarikam						С	17.86		
8744 Andı	reas Ave		14. OTHER			D	2416.80				
Orlando FL 32832								DD	4983.86		
USA								CTATUTORY PETU	DEALERS THE PARTY		
F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETII	REMENT X THIRD-PARTY SICK PAY		
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIP	S, ETC.	17. STATE INCOME 1	ΓΑΧ	18. LOCAL WAGES, T	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		