2023 W-2 and EARNINGS SUMMARY

W-2	Wage a Stater	nd Tax	2023	This summary s portion in mor you may also f any adjustment	e deta	il. The	The following	1	neludes genera	1 infe	rmation	that plus
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TATA CONSULTANCY SERVICES
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379 THORNALL STREET
4TH FLOOR
EDISON, NJ 08837

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BENNINGTON, NE 68007

15 State Employer's state ID no
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Employee Reference Copy Wage and Tax Statement d Control number Dept. Employer use only 104538 ATLA/UNJ 000170 Employer's name, address, and ZIP code LINDSAY CORPORATION 18135 BURKE ST SUITE 100 ELKHORN NE 68022 Batch #08655 e/l Employee's name, address, and ZIP code SENTHILKUMAR MATHIAZHAGAN 14875 MORMON ST **BENNINGTON NE 68007** a Employee's SSA number XXX-XX-9842 Employer's FED ID number 47-0554096 Wages, tips, other comp. 115087.38 17579.73 3 Social security wages 123163.36 Social security tax withheld 7636.13 Medicare wages and tips 123163.36 1785.87 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12b DI 12c 60.65 8075.98 14 Other 9552.39 FYB 12d I 13 Stat emp Ret plan 3rd party sick pa 15 State Employer's state ID no. 16 State wages, tips, etc. NE 2394324 115087.38 17 State income tax 18 Local wages, tips, etc. 5894.63 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	Tipe, Etc. Box 15 of #-2
Gross Pay	123,102.71	123, 102.71	123, 102.71	123, 102, 71
Plus GTL (C-Box 12)	60.65	60.65	60.65	60.65
Less 401(k) (D-Box 12)	8,075.98	N/A	N/A	8,075.98
Reported W-2 Wages	115,087.38	123,163.36	123,163.36	115,087.38

2. Employee Name and Address.

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SENTHILKUMAR MATHIAZHAGAN 14875 MORMON ST BENNINGTON NE 68007

2 Federal income tax withheld

O 2023 ADP Inc.

Wages, tips, other comp.

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Social security wag	63.36	4 Social security tax withheld 7636.13			
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Employer's name, LINDSAY 18135 BU ELKHORN	CORP	ORATION ST SUI	ON		
Employer's FED ID 47 - 055409			yee's SSA number XXX-XX-9842		
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		10 Dependent care benefits			
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions

003016 RO9MY001 UNJ 0030 BED68 000000033 SENTHILKUMAR MATHIAZHAGAN 14875 MORMON ST BENNINGTON, NE 68007

P00750

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

OOV .1095-C Employer-Provided Health Insurance Offer and Coverage CORPECTED Do not attach to your tax return. Keep for your records. 23 Go to www.irs.gov/Form 1095C for instruction Part I Employee Applicable Large Employer Member (Employer) LINDSAY CORPORATION XXX-XX-9842 47-0554096 SENTHILKUMAR MATHIAZHAGAN 14875 MORMON ST 402-827-6229 18135 BURKE ST SUITE 100 SUITE 1 & County and 2P or foreign (Glasty at 2F a ter BENNINGTON
PORTI Employee Offer of Coverage

At 12 Months Jan USA 68007 ELKHORN NE USA 68022 Plan Start Month lener 2-digit number: 01 Employee's Age on January 1 Aux Coverage (enter 15 Employee Required Contribution (see sectruitions) 117.45 2H Part III Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee (id) DOB (If SSN or other (id) Covered TIN is not available; all 12 months (b) SSN or other TIN (a) Name of ocvered individual(s) First name, middle initial, last name No Dec June July 18 10 20 22

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PRINCIPAL LIFE INSURANCE	.co		\$ 8,920.94 2a Taxable amoun	•	1 2023		Profit-Sharing Plans
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SENTHILKUMA MATHIAZHA 14875 MORMON ST	GAN		7 Distribution code(s)	IRA/	\$ Other		your réturn
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			distribution		9b Total employee contr	ibutions	0.0
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RECIPIENT'S name, street address	(including ept. no.), city	or town.			6 Net unrealized appreciation in		Records
state of province, country, and ZIP	or foreign postal code		contributions or insure	ence premiume	employer's securities		
SENTHILKUMA MATHIAZH/ 14875 MORMON ST	AGAN		7 Distribution code(s	BA/ SEP/	8 Other	Terror 200	
BENNINGTON, NE 68007-123.	3		G	SMPLE	-	•	This information i
			9a Your percentage of	of total	9b Total employee contr	%	being furnished t
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Department of the Treasury Internal Revenue Service KANSAS CITY, MO 64999



SANDHYA NARAYANAN & S MATHIAZHAGAN 14875 MORMON ST BENNINGTON NE 68007-1233

43111

Statement Showing Interest Income from the Internal Revenue Service

(Please keep this copy for your records)

Recipient's Identification Number XXX-XX-4127

PAYER'S Federal Identification Number 38-1798424 (INTERNAL REVENUE USE ONLY)

THIS IS NOT A TAX BILL. It shows the taxable interest paid to you during the calendar year by the Internal Revenue Service. If you are required to file a tax return, report this interest as income on your return. This amount may represent interest on an overpayment for more than one year, or more than one kind of tax. This interest may have been paid with your tax refund or part or all may have been applied against other taxes you owed.

	☐ CORF	RECTED (if checked)			
RECIPIENT'S/LENDER'S name, street province, country, ZIP or foreign posta West Gate Bank 6003 Old Cheney Rd. Suite 300		*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,	OMB No. 1545-1380 Form 1098 (Rev. January 2022) For calendar year	Mortgage Interes Statement	
Lincoln, NE 68516		actually paid by you, and not reimbursed by another person.	20 23		
(877) 929-4545		1 Mortgage interest received fr \$4,670.29	Copy B For Payer/		
RECIPIENT'S/LENDER'S TIN 47-0523112	PAYER'S/BORROWER'S TIN ***-**-4127	2 Outstanding mortgage principal \$180,272.50	3 Mortgage origination date 03/18/2021	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	
SANDHYA NARAYANAN		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		
Street address (including apt. no.) 14875 MORMON ST		7 X If address of property se as PAYER'S/BORROWER'S ac the address or description is er	the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for		
City or town, state or province, country, and ZIP or foreign postal code BENNINGTON, NE 68007		8 Address or description of pro	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	10 Real Estate Taxes Paid \$5,877.68			because you claimed a nondeductible term.	
Account number (see instructions) 0000162508 Conv. RES				acquisition date	

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