2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Corp. Employer use only Control number 00179067 732 **DCMH** G S 34569 c Employer's name, address, and ZIP code

TATA CONSULTANCY SERVICES LIMITED 379 THORNALL STREET 4TH FLOOR **EDISON, NJ 08837**

e/f Employee's name, address, and ZIP code KUMAR RAMAKRISHNAN 9835 FREDERICKSBURG ROAD; APT SAN ANTONIO, TX 78240

b Employer's FED ID number 98-0429806	a Employee's SSA number XXX-XX-5848			
1 Wages, tips, other comp.	2 Federal income tax withheld			
35932.72	1963.04			
3 Social security wages	4 Social security tax withheld			
37635.24	2333.38			
5 Medicare wages and tips 37635.24	6 Medicare tax withheld 545.71			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a See instructions for box 12 D 1702.52			
14 Other 3362.41 TFB	12b DD 4553.09			
3362.41 TFB	12c			
	12d			
	13 Stat emp. Ret, plan 3rd party sick pay			
15 State Employer's state ID no	. 16 State wages, tips, etc.			
17 State income tax	18 Local wages, tips, etc.			
19 Local income tax	20 Locality name			

Wages, tips, other comp 2 Federal income tax withheld 35932.72 1963.04 3 Social security wages 4 Social security tax withheld 37635.24 2333.38 5 Medicare wages and tips 37635.24 6 Medicare tax withheld 545.71 d Control number Dept. Corp. Employer use only 00179067 732 **DCMH** G S 34569

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ı	3302.41 IFB	12c			
ı		12d			
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	KUMAR RAMAKRISHNAN 9835 FREDERICKSBURG ROAD; APT				

SAN ANTONIO, TX 78240

			Cadaral Cilina	$\overline{}$	
	19	Local	income tax	20	Locality name
•	17	State	income tax	18	Local wages, tips, etc.
	15	State	Employer's state ID no.	16	State wages, tips, etc.
	l				

Federal Filing Copy Wage and Tax Statement

Copy B to be filed with employee's Federal Income Tax Return

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. 40,412.45 GROSS PAY SOCIAL SECURITY 2,333.38 TAX WITHHELD BOX 04 OF W-2 FED. INCOME 1,963.04 MEDICARE TAX 545.71 TAX WITHHELD WITHHELD BOX 02 OF W-2 BOX 06 OF W-2 STATE INCOME TAX SUI/SDI 0.00 0.00 BOX 14 OF W-2 BOX 17 OF W-2 LOCAL INCOME TAX BOX 19 OF W-2 0.00

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

> > Social Security Number: XXX-XX-5848

KUMAR RAMAKRISHNAN 9835 FREDERICKSBURG ROAD; APT SAN ANTONIO, TX 78240

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1 Wages, tips, other comp

3 Social security wages

5 Medicare wages and tips 37635.24

Control number

00179067 732

35932.72

37635.24

c Employer's name, address, and ZIP code

Dept.

PAGE 1 OF 1

1963.04

2333.38

545.71

Employer use only

G S 34569

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

Corp.

DCMH

TATA CONSULTANCY SERVICES LIMITED 379 THORNALL STREET 4TH FLOOR EDISON, NJ 08837					
b Emplo	yer's FED ID number 98-0429806	a Emplo	yee's SS XXX-X	XX-5848	
7 Social	security tips	8 Alloca	ated tips		
9		10 Depo	endent ca	re benefits	
11 Nonqi	ualified plans	12a D	ĺ	1702.52	
14 Other		12b DD		4553.09	
33	62.41 TFB	12c			
		12d			
		13 Stat em	p. Ret. plan	3rd party sick pay	
e/f Emplo	e/f Employee's name, address and ZIP code				
KUMAR RAMAKRISHNAN 9835 FREDERICKSBURG ROAD; APT SAN ANTONIO, TX 78240					
15 State	Employer's state ID no.	16 State	e wages, t	ips, etc.	
17 State	income tax	18 Loca	al wages, t	tips, etc.	
19 Local	income tax	20 Loca	ality name		
. State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.					

1 Wages, tips, other co		2 Federal income tax withheld 1963.04		
3 Social security wages 37635.24		4 Social security tax withheld 2333.38		
5 Medicare wages and 37635		6 Medicare tax withheld 545.71		
d Control number	Dept.	Corp.	Employer use only	
00179067 732		DCMH	G S 34569	
c Employer's name address and ZIP code				

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KUMAR RAMAKRISHNAN 9835 FREDERICKSBURG ROAD; APT SAN ANTONIO, TX 78240

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

City or Local Filing Co Wage and Tax Statement

Copy 2 to be filed with employee's City or Local Income Tax Return.