

Form W-2 Wage and Tax Statement 2023

Copy C, for employee's records

d Control number 0940-P408852 0000015854 - 000USA		Void	c Employer's name, address, and ZIP code LTIMINDTREE LIMITED 25 INDEPENDENCE BLVD STE 401 WARREN NJ 07059		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
b Employer identification number (EIN) a Employee's social security number 22-3524303 XXX-XX-3800					1 Wages, tips, other compensation 21706.13	2 Federal income tax withheld 3311.21		
13 Salaried employee Retirement plan Third-party sick pay					3 Social security wages 21706.13	4 Social security tax withheld 1345.78		
12 See instructions for box 12 C 40.14 DD 850.58	14 Other	e Employer's name, address, and ZIP code SRUJAN K REDDY 1514 FROST CREEK LN FRIENDSWOOD TX TX 77546			5 Medicare wages and tips 21706.13	6 Medicare tax withheld 314.74		
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

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 2023

Copy B, to be filed with employee's FEDERAL tax return

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1 Nonemployee compensation \$ 25000.00		2 Payer made direct sales totaling \$3,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
3		4 Federal income tax withheld \$	
PAYER'S TIN 45-5429286			
PAYER'S name, street address, city, state, ZIP code, and telephone no. MYSAPGROUP INC 6566 N MACARTHUR BLVD SUITE 225 IRVING, TX 75039 (972) 614-2174			
RECIPIENT'S TIN XXX-JX-3800		Account Number (see instructions)	
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code SRUJAN R KALAM 1614 FROST CREEK FRIENDSWOOD, TX 77546			
5 State tax withheld - line 1 \$	6 State/Payer's state no. - line 1 0	5 State tax withheld - line 2 \$	6 State/Payer's state no. - line 2 0
7 State income - line 1 \$	7 State income - line 2 \$		
Nonemployee Compensation Copy B - For Recipient		1099-NEC 2023 <small>OMB No. 1545-0045</small>	
<small>This is important tax information and is being furnished to the Internal Revenue Service.</small>			

Instructions for Recipient
You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax.

If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Unusual salaries, tips, etc." of Form 1040, 1040-EF, or 1040-10R. You must also complete Form 8879 and attach it to your return. For more information, see Pub. 1778, Independent Contractor or Employee.

If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sports activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

The recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employee identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-EZ (or Form 1040-ES (407)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. Shows, consumer products totaling \$3,000 or more were sold to you for resale, on a buy-sell, a deposit-consumption, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099-nc.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

SRUJAN R KALAM
1614 FROST CREEK
FRIENDSWOOD, TX 77546

COPY B
This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

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Nonemployee Compensation Copy 2		1099-NEC 2023 <small>OMB No. 1545-0045</small>	
<small>To be filed with recipient's state income tax return, when required.</small>			

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