2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Corp. Employer use only Control number 02448194 732 DCMG G S 13487

c Employer's name, address, and ZIP code TATA CONSULTANCY SERVICES LIMITED **379 THORNALL STREET** 4TH FLOOR EDISON, NJ 08837

(CORRECTED STATEMENT)

e/f Employee's name, address, and ZIP code MUHAMMAD KHAN 15606 SW SNOWY OWL LANE BEAVERTON, OR 97007

1										
b	b Employer's FED ID number 98-0429806			a Employee's SSA number XXX-XX-6693						
1				2 Federal income tax withheld						
		15350	1.51				13	777.	.74	
3	Social :	security wag	es	4 Social security tax withheld						
		15350	1.51	9517.09						
5	Medica	re wages and	d tips	6 1	Medic	ar	e tax wit	hheld	t	
		15350	1.51				2	225	.77	
7 Social security tips				8 Allocated tips						
9			10 Dependent care benefits							
11 Nonqualified plans			12a See instructions for box 12 C 61.61							
14	Other			12b	W				49.9	
	1	53.53 OR ST 50.19 OR PF	TWH	12c	DD			<u> 161</u>	84.	<u>51 </u>
	1	53.53 OR ST	Ή̈́₩H I	12d						
	100.00 011 1111			13 S	tat em	p.	Ret, plan	3rd pa	arty sid	ck pay
15	State	Employer's	state ID no.	16	State	e w	ages, ti	ps, et	c.	
	OR 01224387 8			153501.51						
17 State income tax				18 Local wages, tips, etc.						
11694.64										
19	19 Local income tax			20 Locality name						

Wages, tips, other comp 2 Federal income tax withheld 153501.51 13777.74 3 Social security wages 4 Social security tax withheld 153501.51 9517.09 5 Medicare wages and tips 153501.51 6 Medicare tax withheld 2225.77 d Control number Dept. Corp. Employer use only 02448194 732 **DCMG** G S 13487 c Employer's name, address, and ZIP code

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

(CORRECTED STATEMENT)

b Employer's FED ID number 98-0429806	a Employee's SSA number XXX-XX-6693				
7 Social security tips	8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12 C 61.61				
14 Other 153.53 OR STT WH	^{12b} W 7749.97				
260.19 OR PFML	^{12c} DD 16184.51				
153.53 OR STT WH	12d				
	13 Stat emp. Ret. plan 3rd party sick pay				
e/f Employee's name, address and ZIP code					

MUHAMMAD KHAN

15606 SW SNOWY OWL LANE BEAVERTON, OR 97007

15 State	Employer's	state ID no.	16	State wages, tips, etc.
OR	01224387	8		153501.51
17 State income tax			18	Local wages, tips, etc.
	1169			
19 Local income tax			20	Locality name
	F1	F:12:	$\overline{}$	

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. 168,344.36 GROSS PAY SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2 FED. INCOME 13,777.74 MEDICARE TAX 2,225.77 TAX WITHHELD WITHHELD BOX 02 OF W-2 BOX 06 OF W-2 STATE INCOME TAX 11,694.64 SUI/SDI 0.00 BOX 17 OF W-2 BOX 14 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-6693

MUHAMMAD KHAN 15606 SW SNOWY OWL LANE BEAVERTON, OR 97007

(CORRECTED STATEMENT)

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1 Wages, tips, other comp.

153501.51

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

PAGE 1 OF 1

13777.74

2 Federal income tax withheld

155501.51						100001.		
3 Social security wage	4 Social security tax withheld			3 Social security wages				
153501 5 Medicare wages and	9517.09 6 Medicare tax withheld			153501.5 5 Medicare wages and ti				
153501	o weare		2225.77	3 Medic	153501.5			
d Control number	Dept.	Corp.	Emplo	yer use only	d Cont	rol number		
02448194 732		DCMG	G	S 13487	02448	194 732		
c Employer's name,	c Emplo	c Employer's name, ad						
TATA CONSU LIMITED 379 THORNAL 4TH FLOOR EDISON, NJ 0	LIM 379 4Th	TATA CONSULT LIMITED 379 THORNALL 4TH FLOOR EDISON, NJ 088						
(CORRECTED STAT	ΓEMENT)				(CORRECTED STATE			
b Employer's FED ID 98-04298			XXX-	XX-6693	b Employer's FED ID r 98-0429806			
7 Social security tips		8 Alloca	ted tips		7 Social	security tips		
9 10 Dependent care benefits					9			
11 Nonqualified plans 12a C 61.61					11 Nonc	ualified plans		
14 Other	12bW		7749.97	14 Othe				
153.53 OR ST 260.19 OR PF	^{12c} DD 16184.51				153.53 OR STT \ 260.19 OR PFML			
153.53 OR ST	T WH	12d			1	153.53 OR STT \		
	3rd party sick pay							
e/f Employee's name, MUHAMMAD 15606 SW SNO BEAVERTON, 0	MUH 1560	loyee's name, a IAMMAD K 6 SW SNOW VERTON, OF						
15 State Employer's state ID no. 16 State wages, tips, etc. OR 01224387 8 153501.51				15 State	Employer's sta 01224387			
17 State income tax 1169	4.64	18 Local wages, tips, etc.			17 State income tax 11694			
19 Local income tax 20 Locality name					19 Loca	I income tax		
	W-2 State Filing Copy Wage and Tax Statement 2023 W-2 Wage Statement Statement Statement Statement W-2 Wage Statement Statemen							

1 Wages, tips, other co		2 Federal income tax withheld 13777.74			
3 Social security wage 153501		4 Social security tax withheld 9517.09			
5 Medicare wages and 153501	tips .51	6 Medicare tax withheld 2225.77			
d Control number	Control number Dept.		Employer use only		
02448194 732		DCMG	G S 13487		
c Employer's name, address, and ZIP code					

TANCY SERVICES _ STREET 837

(CORRECTED STATEMENT)						
b Employer's FED ID number 98-0429806	a Employee's SSA number XXX-XX-6693					
7 Social security tips	8 Allocated tips					
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	13 Stat emp. Ret. plan 3rd party sick pay					
-// F	d 71D d-					

address and ZIP code

CHAN WY OWL LANE R 97007

15 State	Employer's state ID no.	16	State wages, tips, etc.
OR	01224387 8		153501.51
17 State income tax			Local wages, tips, etc.
	11694.64		
19 Local income tax			Locality name

Local Filing age and Tax Statement

OMB No. 1545-0008 Copy 2 to be filed with employee's City or Local Income Tax Return.