2023 W-2 and EARNINGS SUMMARY



Employee Reference Wage and Tax Statement Copy C for employee's records. d Control number Employer use only Corp. KE/P3V Employer's name, address, and ZIP code CGINFOSYS INC 320 DECKER DRIVE SUITE 100 IRVING, TX 75062

Batch #92099

e/f Employee's name, address, and ZIP code

MANASA MAMIDI 2416 S VOSS RD APT # K208

19 Local income tax

HOUSTON, TX 77057

b Employer's FED ID number a Employee's SSA number XXX-XX-4969 47-2055586 Wages, tips, other comp. Federal income tax withheld 69000.00 8173.57 3 Social security wages 4 Social security tax withheld 6 Medicare tax withheld 5 Medicare wages and tips 8 Allocated tips 7 Social security tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 14 Other 12d 13 Stat emp Ret. plan 3rd party sick pa 15 State Employer's state ID no. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc.

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 Box 5 of W-2

Gross Pay Reported W-2 Wages

69,000.00 69,000.00

69,000.00 0.00

69,000.00 0.00

2. Employee Name and Address.

MANASA MAMIDI 2416 S VOSS RD APT # K208 HOUSTON, TX 77057

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1	Wages,	tips, other c	omp. 00.00	2 Federal income tax withheld 8173.57			
3	3 Social security wages			4 Social security tax withheld			
5	Medicare wages and tips			6 Medicare tax withheld			
d	Control	number	Dept.	Corp.	Employer	use only	
00	00022	KE/P3V			Α	18	
c Employer's name, address, and ZIP code							

20 Locality name

CGINFOSYS INC 320 DECKER DRIVE SUITE 100 IRVING, TX 75062

b	Employer's FED ID number 47-2055586		yee's SS XXX-X	A number X-4969	
7	Social security tips	8 Allocated tips			
9		10 Depend	dent care	benefits	
11	Nonqualified plans	12a See i	nstruction	s for box 12	
14	Other	12b			
		12c			
		12d			
		13 Stat em	p.Ret.plan	3rd party sick pay	
e/f	Employee's name address ar	nd ZIP cod	e		

MANASA MAMIDI 2416 S VOSS RD APT # K208 HOUSTON, TX 77057

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
		Ead	orol		ing Conv

ederal Filing Wage and Tax Statement OMB Copy B to be filed with employee's Federal Income Tax Retu

1 Wages, tips, other comp. 69000.0	
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
d Control number De	ept. Corp. Employer use only
000022 KE/P3V	A 18

CGINFOSYS INC 320 DECKER DRIVE SUITE 100 IRVING, TX 75062

b	Employer's FED ID number 47-2055586	a Employee's SSA number XXX=XX=4969
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
		12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pay
e/f	Employee's name, address a	and ZIP code

MANASA MAMIDI 2416 S VOSS RD **APT # K208**

H	HOUSTON, TX 77057						
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			
		Sta	ate Ref	erence Copy			

Wage and Tax Statement

1	Wages, tips, other comp. 69000.00				Federa	I income tax	withheld 173.57
3	Social security wages			4	4 Social security tax withheld		
5	Medicare wages and tips			6	Medica	re tax withhe	ld
d	Control	number	Dept.		Corp.	Employer	use only
00	0022	KE/P3V				Α	18
_							

c Employer's name, address, and ZIP code

CGINFOSYS INC 320 DECKER DRIVE SUITE 100 IRVING, TX 75062

ial security tips	8 Allocated tip	s			
	VALUE AND				
	10 Dependent c	are benefits			
qualified plans	12a				
er	12b				
	12c	12c			
	12d				
	13 Stat emp Ret.	plan 3rd party sick			
	12d	plan			

e/f Employee's name, address and ZIP code

MANASA MAMIDI 2416 S VOSS RD APT # K208 HOUSTON TX 77057

110001011, 1X 11001							
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

or Local Reference Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income Tax Return