

Form W-2 Wage and Tax Statement 2023

Copy C, for employee's records

d Control number 0940-P408892 0000013393 - 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) 22-3524303		a Employee's social security number XXX-XX-3923		1 Wages, tips, other compensation 2238.39	2 Federal income tax withheld 122.92	
13 Statutory employee	Retirement plan	Third-party sick pay	e Employee's name, address, and ZIP code CHOKKALINGAM PILLAI 1200 E PARKER LANE APT 312 AUSTIN TX 78753		3 Social security wages 2238.39	4 Social security tax withheld 138.78
12 See instructions for box 12 C		14 Other 7.62		5 Medicare wages and tips 2238.39	6 Medicare tax withheld 32.46	
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.

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

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