2023 W-2 and EARNINGS SUMMARY



Employee

Reference Wage and Tax

Statement

Copy

14095

Copy C for employee's record Control number Dept. CLI2/CTS DC0071

Employer use only Corp.

Employer's name, address, and ZIP code COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

Batch #02482

e/f Employee's name, address, and ZIP code SUDHEER KUMAR PUTSALA 210 ELMWOOD DR **PARSIPPANY NJ 07054-3008**

b	Emplo		D ID number 24155	а	En	nplo		ee's S XX-)				
1	Wage		other comp.	2	Fe	der		incon				
ľ	112779.92				17279.51						_ :	
3	Socia		y wages	4								
			115607.51						, -			.67
5	Medic		es and tips	6	Мє	dic	ar	e tax	witl	nhe	ld	
		•	115607.51							16	76	.31
7	Social security tips			8	All	loca	ite	d tips				
9				10	De	pen	de	nt car	e b	ene	fits	i
11	Nonqu	ualified p	lans	12	a Se	e ins	stru	ctions	for	box 26	:	2
14	Other			12		Ď١				82		
٠-	Other		14.45 RELSP 1.68 UI/WF/SWF	12	_	W			1	62	4.9	90
		7	0.90 FLI	12		۱A	_		_1	88)7
			74726 DI PP# 1.71 TXREL	13	Sta	t en	ıp.	Ret. pla	an 3	rd p	arty	sick pay
15	State	Employ	er's state ID n	o. 16	Sta	ate	wa	iges, t	ips	, et	c.	
1	۱J	13392	4155/000						1	107	782	2.14
17	State i	ncome t	ax	18	Lo	cal	wa	ages,	tips	s, et	c.	
			5391.25									
19	Local	income	tax	20	20 Locality name							
l				- 1								

1	Wages, tips, other of 1127	2 Federal income tax withheld 17279.51						
3	Social security wag	4 Social security tax withheld 7167.67						
5	5 Medicare wages and tips 115607.51			dica	re tax wi	thheld 1676.31		
d	Control number	Dept.	Corp	р.	Employ	yer use only		
26	267436 CLI2/CTS DC0071				Α	14095		
c	c Employer's name address and ZIP code							

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-8127				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a	See	in	structions for box 12 261.42	
14	Other 4814.45 RELSP 174.68 UI/WF/SWF	12b	D	7	2827.59	
		12c	٧	-1	1624.90	
	70.90 FLI 08674726 DI PP#	12d	ΑA	١	1885.07	
	31.71 TXREL	13 S		mp	Ret. plan 3rd party sick pay	

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

SUDHEER KUMAR PUTSALA 210 ELMWOOD DR **PARSIPPANY NJ 07054-3008**

15 State NJ	Employer's state ID no. 133924155/000	16 State wages, tips, etc. 110782.14
17 State	income tax 5391.25	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name
	Federal Fili	ng Copy

Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Retur

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 Wages Box 5 of W-2	NJ. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	117,537.86	117,537.86	117,537.86	117,537.86
Plus GTL (C-Box 12)	261.42	261.42	261.42	261.42
Less Misc. Non Taxable Comp.	N/A	N/A	N/A	4,814.45
Less 401(k) (D-Box 12)	2,827.59	N/A	N/A	2,827.59
Less Other Cafe 125	1,191.77	1,191.77	1,191.77	N/A
Less Cafe 125 HSA (W-Box 12)	1,000.00	1,000.00	1,000.00	N/A
Plus ER PAID HSA (W-Box 12)	N/A	N/A	N/A	624.90
Reported W-2 Wages	112,779.92	115,607.51	115,607.51	110,782.14

2. Employee Name and Address.

SUDHEER KUMAR PUTSALA 210 ELMWOOD DR PARSIPPANY NJ 07054-3008

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1 Wages, tips, other com 112779	2 Federal income tax withheld 17279.51				
3 Social security wages 115607	.51	4 Social security tax withheld 7167.67			
5 Medicare wages and ti 115607	ps .51	6 Medica	are tax withh	neld 676.31	
d Control number	Dept.	Corp.	Employer	use only	
267436 CLI2/CTS DC	0071		Α	14095	

c Employer's name, address, and ZIP code COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-8127					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a C 261.42					
14	Other	^{12b} D 2827.59					
	4814.45 RELSP 174.68 UI/WF/SWF	^{12c} W 1624.90					
	70.90 FLI	^{12d} AA 1885.07					
	08674726 DI PP# 31.71 TXREL	13 Stat emp. Ret. plan 3rd party sick pay					

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

SUDHEER KUMAR PUTSALA 210 ELMWOOD DR **PARSIPPANY NJ 07054-3008**

15 State NJ	Employer's state ID 133924155/000	no. 16 St	ate wages,	tips, etc. 110782.14
17 State	income tax	18 L c	cal wages	, tips, etc.
	5391.2	5		
19 Loca	income tax	20 L c	cality nam	ie
	NJ.State	Referen	ce C	ору
		and ⁻	Γον 🕳	

112779.92				1/2/9.51					
3	Social security wages 115607.51			4 Social security tax withheld 7167.67					
5	Medicare wages and tips 115607.51				6 Medicare tax withheld 1676.31				
d	Contr	ol number	Dept.		Corp.	Employe	r use only		
267	7436	CLI2/CTS	DC0071			Α	14095		
С	Employer's name, address, and ZIP code								

2 Federal income tax withheld

Wages, tips, other comp.

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-8127					
Social security tips	8 <i>A</i>	8 Allocated tips				
	10 Dependent care benefits				benefits	
Nonqualified plans	12a	С	ı		261.42	
	12b	D	İ	2	2827.59	
4814.45 RELSP 174.68 UI/WF/SWF	12c				1624.90	
70.90 FLI	12d	AΑ	1		1885.07	
31.71 TXREL		Stat e	mp	Ret. plan	3rd party sick pag	
	13-3924155 Social security tips Nonqualified plans Other 4814.45 RELSP 174.68 UIWF/SWF 70.90 FLI 08674726 DI PP#	13-3924155 Social security tips 8 / 10 E Nonqualified plans 12a Other 12b 4814.45 RELSP 174.68 UI/WF/SWF 70.90 FLI 08674726 DI PP# 13.5	13-3924155 8 Alloc 10 Depe 1	13-3924155 X Social security tips 8 Allocate	13-3924155	

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

SUDHEER KUMAR PUTSALA 210 ELMWOOD DR **PARSIPPANY NJ 07054-3008**

15 State NJ	Employer's state ID n 133924155/000	16	State wages, tips, etc. 110782.14
17 State	income tax	18	Local wages, tips, etc.
	5391.25		
19 Local	income tax	20	Locality name
	NJ.State Fi	ling	Сору

Wage and Tax Statement

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

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

Employee	Copy							
M 2 W	age ar	nd Tax	201	22				
Statement 2023 OMB No. 1545-0008								
Copy C for employee's recor		_						
Control number	Dept.	Corp.	Employer	use only				
267436 CLI2/CTS	DC0071		Α	14096				
Employer's name, address, and ZIP code								
COGNIZANT TECHNOLOGY								

SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

Batch #02482

e/f Employee's name, address, and ZIP code SUDHEER KUMAR PUTSALA 210 ELMWOOD DR **PARSIPPANY NJ 07054-3008**

Wages, tips, other comp.

Social security wages

b	Emplo	yer's FE 13-39	D ID nui 24155	mber	а	Emp		ree's SS (XX-X)			
1	Wage	s, tips, o	ther con	np.	2	Fede	ral	income	tax	withhe	eld
3	Socia	I security	y wages		4	Soci	al s	security	tax v	withhe	eld
5	Medic	are wag	es and ti	ips	6	Medi	caı	re tax w	ithhe	eld	
7	Socia	l security	/ tips		8	Alloc	ate	ed tips			
9					10	Depe	nd	lent care	ben	efits	
11	Nonq	ualified p	lans			DD		uctions fo		12 97.41	
14	Other	,			120 120	C .	 - 				
					13	Stat e	mp.	Ret. plan	3rd p	arty sic	k pay
		Employ 13392			- 16	State	W	ages, tip	os, et	ic.	
17	State	income t	ax		18	Loca	l w	ages, ti	ps, e	tc.	
19	Local	income	tax		20	Loca	lity	/ name			

ADDITIONAL W-2 FOR BOX 12 OR BOX 14 OVERFLOW

SUDHEER KUMAR PUTSALA 210 ELMWOOD DR PARSIPPANY NJ 07054-3008

2 Federal income tax withheld

4 Social security tax withheld

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Wages, tips, other comp.

3 Social security wages

5 Medicare wages and tips				6 Medicare tax withheld				
d	Contr	ol number	Dept.	Corp.	Empl	oyer use only		
26	7436	CLI2/CTS	DC0071		Α	14096		
С		oyer's name COGNIZA SOLUTIO 211 QUA COLLEG	ANT TE	CHNO CORF IR ST	LOGY PORA E 150	T)		
_		oyer's FED ID 13-39241	55		XXX-X	SA number (X-8127		
_		oyer's FED ID 13-39241 I security tips	55					
b 7		13-39241	55	8 Alloca	XXX-X ited tips			
7	Socia	13-39241	<u>55</u> s	8 Alloca	XXX-X ited tips indent car	X-8127		
7 9 11	Socia	13-39241 I security tipe	<u>55</u> s	8 Alloca 10 Deper	XXX-X ited tips indent car	re benefits		
7 9 11	Socia	13-39241 I security tipe	<u>55</u> s	8 Alloca 10 Deper 12a See i	XXX-X ited tips indent car	re benefits		
7 9 11	Socia	13-39241 I security tipe	<u>55</u> s	8 Alloca 10 Deper 12a See i DD	XXX-X ited tips indent car	re benefits		

SUDHEER KUMAR PUTSALA

PARSIPPANY NJ 07054-3008

Federal

15 State Rmployer's state ID no. 16 State wages, tips, etc. 133924155/000

Wage and

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

Statement

Filing

18 Local wages, tips, etc.

20 Locality name

Copy

210 ELMWOOD DR

17 State income tax

19 Local income tax

5	Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips	6 Medica	
d	Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp.	
26	7436 CLI2/CTS DC0071	A 14096	267436 CLI2/CTS DC0071		
С	Employer's name, address, a	nd ZIP code	c Employer's name, address, a	nd ZIP code	
	COGNIZANT TE SOLUTIONS US 211 QUALITY C COLLEGE STAT	CORPORAT IR STE 150	COGNIZANT TE SOLUTIONS US 211 QUALITY C COLLEGE STAT	CORPORT STE	
b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-8127	b Employer's FED ID number 13-3924155	a Employ	
7	Social security tips	8 Allocated tips	7 Social security tips	8 Allocate	
9		10 Dependent care benefits	9	10 Depend	
11	Nonqualified plans	12a DD 6697.41	11 Nonqualified plans	12a DD	
14	Other	12b	14 Other	12b	
		12c		12c	
		12d		12d	
		13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp	
e/f	Employee's name, address ar		e/f Employee's name, address ar	nd ZIP code	
2	UDHEER KUMAR P 10 ELMWOOD DR ARSIPPANY NJ 070	- 1 - 1 - 1	SUDHEER KUMAR P 210 ELMWOOD DR PARSIPPANY NJ 070		
	State Employer's state ID no.	16 State wages, tips, etc.	15 State Employer's state ID no. 133924155/000	. 16 State w	
17	State income tax	18 Local wages, tips, etc.	17 State income tax	18 Local w	
19	Local income tax	20 Locality name	19 Local income tax	20 Locality	
		erence Copy	NJ.State Filir	ng Cop	
1	N-2 Wage ar Statement	2023	W-2 Wage ar		
_	py 2 to be filed with employee's State	OMB No. 1545-0008	Copy 2 to be filed with employee's State		

5	Medic	care wages an	d tips	6 Medicare tax withheld					
d	Contr	ol number	Dept.	Corp.	Employ	er use only			
267	7436	CLI2/CTS	DC0071		Α	14096			
С	Empl	oyer's name, a	ıddress, aı	nd ZIP code	9				
	COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845								
b	Empl	oyer's FED ID 13-392415			ee's SSA	A number (-8127			
7	Socia	I security tips		8 Allocat	ed tips				
9				10 Depend	dent care	benefits			
11	Nonq	ualified plans	***************************************	12a DD		6697.41			
14	Other			12b					
				12c					
				12d					
					Ret. plan	3rd party sick pay			
e/f	Emple	oyee's name, a	address ar	13 Stat emp	X	3rd party sick pay			
SI 21	JDH 0 E	oyee's name, a EER KUN LMWOOD IPPANY N	MAR PI DR	13 Stat emp	X 	3rd party sick pay			
SU 21 PA	JDH 0 E ARSI	EER KUN LMWOOD	MAR PO DR NJ 070	13 Stat emp nd ZIP code UTSAL	X 	3rd party sick pay			

20 Locality name

Сору

2 Federal income tax withheld

4 Social security tax withheld

Wages, tips, other comp.

3 Social security wages

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$22,500 (\$15,500 if you only have SIMPLE plans; \$25,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$22,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to \$7,500 (\$3,500 for section 401(k) (11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B- Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E-Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

 $K{=}20\%$ excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of groupterm life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA-Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2023 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2023 or if income is earned for services provided while you were an inmate at a penal institution.

For 2023 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2023 and more than \$9,932.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,821.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

rvice

Department of the Treasury - Internal Revenue Service

Department of the Treasury - Internal Revenue Service