2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Corp. Employer use only Control number 02191917 732 **DCMG** G S 8982 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 NIDHI GIRISH 202 4ST RIVER FALLS, WI 54022 a Employee's SSA number Employer's FED ID number 98-0429806 XXX-XX-1028 Wages, tips, other comp 2 Federal income tax withheld 9170.95 76879.24 3 Social security wages 4 Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 C 13.72 14 Other 12c Ret, plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. 036 0002020836 03 WI 76879.24

Wages, tips, other comp 2 Federal income tax withheld 76879.24 9170.95 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 02191917 732 **DCMG** G S 8982 c Employer's name, address, and ZIP code TATA CONSULTANCY SERVICES LIMITED

18 Local wages, tips, etc.

20 Locality name

379 THORNALL STREET 4TH FLOOR **EDISON, NJ 08837**

3760.45

(CORRECTED STATEMENT)

17 State income tax

19 Local income tax

| (GOTTLE GIATEMENT) | | | | | |
|-------------------------------------------|--------------------------------------------|--|--|--|--|
| b Employer's FED ID number 98-0429806 | a Employee's SSA number XXX-XX-1028 | | | | |
| 7 Social security tips | 8 Allocated tips | | | | |
| 9 | 10 Dependent care benefits | | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 C 13.72 | | | | |
| 14 Other | 12b | | | | |
| | 12c | | | | |
| | 12d | | | | |
| | 13 Stat emp. Ret. plan 3rd party sick pay | | | | |
| e/f Employee's name, address and ZIP code | | | | | |

NIDHI GIRISH

202 4ST RIVER FALLS, WI 54022

| 15 State | Employer's state ID no. | 16 | State wages, tips, etc. |
|----------|-------------------------|----|-------------------------|
| WI | 036 0002020836 03 | | 76879.24 |
| 17 State | income tax | 18 | Local wages, tips, etc. |
| | 3760.45 | | |
| 19 Local | income tax | 20 | Locality name |
| | | | |

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. 76,865.52 GROSS PAY SOCIAL SECURITY 0.00 TAX WITHHELD BOX 04 OF W-2 FED. INCOME 9,170.95 MEDICARE TAX 0.00 TAX WITHHELD WITHHELD BOX 02 OF W-2 BOX 06 OF W-2 STATE INCOME TAX 3,760.45 SUI/SDI 0.00 BOX 14 OF W-2 BOX 17 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

NIDHI GIRISH 202 4ST RIVER FALLS, WI 54022

(CORRECTED STATEMENT)

Social Security Number: XXX-XX-1028

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PAGE 1 OF 1

| 1 Wages, tips, other comp. 76879.24 | 2 Federal income tax withheld 9170.95 | 1 Wages, tips, other comp. 76879.24 | 2 Federal income tax with 9170.95 | | | |
|----------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------|--|--|--|
| 3 Social security wages | 4 Social security tax withheld | 3 Social security wages | 4 Social security tax withh | | | |
| 5 Medicare wages and tips 6 Medicare tax withheld | | 5 Medicare wages and tips | 6 Medicare tax withheld | | | |
| d Control number Dept. | Corp. Employer use only | d Control number Dept. | Corp. Employer use | | | |
| 02191917 732 | DCMG G S 8982 | 02191917 732 | DCMG G S 8982 | | | |
| c Employer's name, address, a | nd ZIP code | c Employer's name, address, a | ind ZIP code | | | |
| TATA CONSULTANCY SERVICES LIMITED 379 THORNALL STREET 4TH FLOOR EDISON, NJ 08837 | | TATA CONSULTANCY SERVICES LIMITED 379 THORNALL STREET 4TH FLOOR EDISON, NJ 08837 | | | | |
| (CORRECTED STATEMENT) | | (CORRECTED STATEMENT) | | | | |
| b Employer's FED ID number 98-0429806 | a Employee's SSA number XXX-XX-1028 | b Employer's FED ID number 98-0429806 | a Employee's SSA numb | | | |
| 7 Social security tips | 8 Allocated tips | 7 Social security tips | 8 Allocated tips | | | |
| 9 | 10 Dependent care benefits | 9 | 10 Dependent care benefit | | | |
| 11 Nonqualified plans | 12a C 13.72 | 11 Nonqualified plans | 12a C 13 | | | |
| 14 Other | 12b | 14 Other | 12b | | | |
| | 12c | | 12c | | | |
| | 12d | | 12d | | | |
| | 13 Stat emp. Ret. plan 3rd party sick pay | | 13 Stat emp. Ret. plan 3rd party | | | |
| e/f Employee's name, address | and ZID and | e/f Employee's name, address | and ZID and | | | |
| NIDHI GIRISH 202 4ST RIVER FALLS, WI 5402 | | NIDHI GIRISH 202 4ST RIVER FALLS, WI 5402 | | | | |
| 15 State Employer's state ID no. 036 0002020836 03 | . 16 State wages, tips, etc. 76879.24 | 15 State Employer's state ID no WI 036 0002020836 03 | . 16 State wages, tips, etc. 76879.24 | | | |
| 17 State income tax 3760.45 | 18 Local wages, tips, etc. | 17 State income tax 3760.45 | 18 Local wages, tips, etc. | | | |
| 19 Local income tax | 20 Locality name | 19 Local income tax | 20 Locality name | | | |
| WI. State Filin Wage an Statem | nd Tax 2023 | W-2 City or Local Wage an Statem | nd Tax 202 omb No. 1545-00 | | | |

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

| 1 Wages, tips, other comp. 76879.24 | | 2 Federal income tax withheld 9170.95 | | | |
|---------------------------------------------|-------------------------------------|---------------------------------------|---------------|---------|-------------|
| 3 Social security wages | | 4 Social security tax withheld | | | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | | | |
| d Control number | Dept. | Corp. | Emplo | yer us | e only |
| 02191917 732 | | DCMG | G S | 89 | 82 |
| c Employer's name, a | ddress, a | nd ZIP c | ode | | |
| LIMITED 379 THORNAL 4TH FLOOR EDISON, NJ 08 | 8837 EMENT) | | | | |
| b Employer's FED ID 98-042980 | a Employee's SSA number XXX-XX-1028 | | | | |
| 7 Social security tips | | 8 Allocated tips | | | |
| 9 | | 10 Dependent care benefits | | | |
| 11 Nonqualified plans | | 12a C | | | 13.72 |
| 14 Other | | 12b | | | |
| | | 12c | | | |
| | | 12d | | | |
| | | 13 Stat en | ıp. Ret. plan | 3rd par | ty sick pay |
| e/f Employee's name, address and ZIP code | | | | | |
| NIDHI GIRISH 202 4ST RIVER FALLS, V | NI 5402 | 22 | | | |

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