2023 W-2 and EARNINGS SUMMARY

	yee Refe Wage ar Statem	nd Tax		This summary section is portion in more detail. you may also find helpf any adjustments made by	The reverse side i	ncludes general inform	ation that
Control number	Dept.	Corp.	Employer use only	GROSS PAY	3,324.96	SOCIAL SECURITY	182.5
01618465 732		DCMH	G S 46233			TAX WITHHELD	
Employer's name	, address, s	and ZIP co	rde	1		BOX 04 OF W-2	
TATA CONS				PED. INCOME TAX WITHHELD	92.41	MEDICARE TAX WITHHELD	42.7
LIMITED				BOX 02 OF W-2		BOX 06 OF W-2	
379 THORN		ET		302 02 01 2		202 00 07 2	
4TH FLOOR				STATE INCOME TAX	0.00	SUI/SDI	0.0
EDISON, NJ	08837			BOX 17 OF W-2		BOX 14 OF W-2	
				LOCAL INCOME TAX	0.00		
				BOX 19 OF W-2			
SREEKANTH			code				
451 SWEET A	PPLE CO	VE; 8;					
COLLIERVILL	.E, TN 380	017					

To change your employee W-4 profile information file a new W-4 with your payroll department

al Security Number: XXX-XX-9629

2 Federal income tax withheld

4 Social security tax withheld

92.41

182.59

SREEKANTH VIKRAM 451 SWEET APPLE COVE; 8; **COLLIERVILLE, TN 38017**

1 Wages, tips, other comp.

2944.95

2944.95

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PAGE 1 OF 1

92.41

2 Federal income tax withheld

4 Social security tax withheld

Wages, tips, other comp. 2944.95	2 Federal	income tax withheld 92.41	٦ ٦	1 Wages, tips, other comp. 2944.95		
3 Social security wages 2944.95	4 Social	security tax withheld 182.59	3	3 Social security wages 2944.95		
5 Medicare wages and tips 2944.95	6 Medica	re tax withheld 42.70	5	Medicare wages and 2944		
d Control number Dep	ot. Corp.	Employer use only	7 4	Control number	De	
01618465 732	DCMH	G S 46233	∃il	01618465 732		
TATA CONSULTAI LIMITED 379 THORNALL ST 4TH FLOOR EDISON, NJ 08837	NCY SERVI	CES		Employer's name, TATA CONSU LIMITED 379 THORNAL 4TH FLOOR EDISON, NJ 0	LTAI LL S1 8837	
b Employer's FED ID num 98-0429806	toer a Emplo	XXX-XX-9629	▋░	Employer's FED II 98-04298	D nun 06	
7 Social security tips	8 Alloca	led tips	7 7	Social security tips		
4	10 Depe	ndent care benefits	Ä			
11 Nonqualified plans	12a See in	structions for box 12	111	1 Nonqualified plans)	

DD

12b 120 124

e/f Employee's name, address and ZIP code SREEKANTH VIKRAM 451 SWEET APPLE COVE; 8; COLLIERVILLE, TN 38017

15 State Employer's state ID no. 16 State wages, tips, etc.

Federal Filing Copy
Wage and Tax

Statement

515,46

tet, plan 3rd party sink pay

18 Local wages, tips, etc.

20 Locality name

12b

12c

15 State Employer's state ID no. 16 State wages, tips, etc.

nployee's SSA numbe XXX-XX-9629

10 Dependent care benefits

18 Local wages, tips, etc.

20 Locality name

92.41

182.59

42.70

oyer's FED ID n 98-0429806 2944.95

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14 Oth

17 State income tax

19 Local income tax

14 Other

17 State income tax

2944.95		182.59					
5 Medicare wages and tips 2944.95		6 Medicare tax withheld 42.70					
d Control number	d Control number Dept.		Empk	oyer use only			
01618465 732	01618465 732		G	S 46233			
c Employer's name, address, and ZIP code TATA CONSULTANCY SERVICES LIMITED 379 THORNALL STREET 4TH FLOOR EDISON, NJ 08837							
b Employer's FED ID 98-042980		a Emplo		SA number XX-9629			
7 Social security tips		8 Alloca	ted tips				
4		10 Dependent care benefits					
11 Nonqualified plans		12a DD I		515.46			
14 Other		12b		010140			
		12c					
		12d					
		139tat emp	Ret plan	3rd party sick pa			
e/f Employee's name, address and ZIP code SREEKANTH VIKRAM 451 SWEET APPLE COVE; 8; COLLIERVILLE, TN 38017							
15 State Employer's st	ate ID no.	16 State	wages, t	ips, etc.			
17 State Income tax	18 Local wages, tips, etc.						
19 Local Income fax		20 Locality name					
W-2 Wage and Tax Statement 2023 Copy 2 to be filed with employee's State Income Tax Relum.							

2944.9		182.59					
5 Medicare wages and tip 2944.9	6 Medicare tax withheld 42.70						
d Control number	Dept.	Corp.	Employer use only				
01618465 732		DCMH	G S 46233				
c Employer's name, add	ress, a	nd ZIP c	ode				
TATA CONSULT LIMITED 379 THORNALL 4TH FLOOR EDISON, NJ 0883	STREE		CES				
b Employer's FED ID no 98-0429806	umber	a Employee's SSA number XXX-XX-9629					
7 Social security tips		8 Allocated tips					
9		10 Dependent care benefits					
11 Nonqualified plans	1	DD I	515.46				
14 Other	1	2b	313.40				
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	1	3 Stat em	P. Ret. plan 3rd party sick pay				
e/f Employee's name, ad	dress a	nd ZIP o	ode				
SREEKANTH VIKRAM 451 SWEET APPLE COVE; 8; COLLIERVILLE, TN 38017							
15 State Employer's state	ID no.	16 State	wages, tips, etc.				
17 State income tax	1	18 Local	wages, tips, etc.				
19 Local income tax							

City or Local Filing Copy Wage and Tax

Statement

MARY

		2023 W	-2 and EAR	NINGS SUMMAR	Y
W-2 Wage ar	nd Tax 2023	This summary section is in portion in more detail. To you may also find helpful	he reverse side i . The following r	ncludes general informs	ECROM CHEC
Copy C for employee's records. d Control number Dept. 01618465 732	Corp. Employer use only DCMH G S 46233	any adjustments made by your gross PAY	3,324.96	SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2	182.59
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4TH FLOOR EDISON, NJ 08837	EI	STATE INCOME TAX BOX 17 OF W-2 LOCAL INCOME TAX BOX 19 OF W-2	0.00	SUI/SDI BOX 14 OF W-2	0.00
ef Employee's name, address, SREEKANTH VIKRAN 451 SWEET APPLE CO COLLIERVILLE, TN 38	/ VE; 8;				
b Employer's FED ID number 98-0429806	a Employee's SSA number XXX-XX-9629				
1 Wages, tips, other comp. 2944.95	2 Federal income tax withheld 92.41				
3 Social security wages 2944.95 5 Medicare wages and tips	4 Social security tax withheld 182.59				
2944.95 7 Social security tips	42.70			rofile information payroll department	
, .,-	•	ille a no	ew w-4 with your	payroll department	
9	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12 DD 515.46			Social Security Num	nber: XXX-XX-9629
4 Other	12b 12c 12d 13 Stat emp. Ret, plan 3rd party sick pay	SREEKANTH VIKRAM 451 SWEET APPLE COVE COLLIERVILLE, TN 38017	, ,		
5 State Employer's state ID no.	16 State wages, tips, etc.				

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PAGE 1 OF 1

c Employer's name, address, and ZIP code				
TATA CONSULTANCY SERVICES LIMITED 379 THORNALL STREET				
4TH FLOOR EDISON, NJ 08837		3 4 E		
b Employer's FED ID number 98-0429806	a Employee's SSA number XXX-XX-9629	b E		
7 Social security tips	8 Allocated tips	7 So		
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11 Nongualified plans	12a See instructions for box 12 DD 515.46	11 N		
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	12c			
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e/f Employee's name, address		6/1 E		
SREEKANTH VIKRAM		81		
451 SWEET APPLE CO		45		
COLLIERVILLE, TN 38	017	C		
15 State Employer's state ID no	. 16 State wages, tips, etc.	15 51		
17 State income tax	18 Local wages, tips, etc.	17 5		
19 Local Income tax	20 Locality name	19 L		
W-2 Federal Filing	Copy OOO	10		
Statem	ent ZUZU	V		
Copy B to be filed with employee'	s Federal Income Tax Return.	Сору		

18 Local wages, tips, etc.

92.41

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Employer use only

G S 46233

tax withheld

20 Locality name

Corp.

DCMH

17 State income tax

19 Local income tax

Wages, tips, other comp. 2944.95

2944.95

Dept.

3 Social security wages

5 Medicare wages and tips 2944.95

d Control number

01618465 732

1 Wages, tips, other co 2944		2 Federal Income tax withheld 92.41		
3 Social security wage 2944		4 Social security tax withheld 182.59 6 Medicare tax withheld 42.70		
5 Medicare wages and 2944	tips			
d Control number	Dept.	Corp.	Employer use only	
01618465 732		DCMH	G S 46233	
TATA CONSUL LIMITED 379 THORNAL 4TH FLOOR EDISON, NJ 08	L STRE		CES	
b Employer's FED ID 98-042980	number	a Emplo	yee's SSA number XXX-XX-9629	
7 Social security tips		8 Alloca		
		,	ndent care benefits	
11 Nonqualified plans		12a DD	515.46	
14 Other		12b	313.40	
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		13Stat emp	Ret. plan 3rd party sick p	
ef Employee's name, SREEKANTH 451 SWEET API COLLIERVILLE,	VIKRAN PLE CO	1 VE; 8;	code	
5 State Employer's s	tate ID no	16 State	wages, tips, etc.	
17 State Income tax		16 Local	wages, tips, etc.	
19 Local Income tax		20 Local	ity name	
	iling (age an Statem	d Tax	2023	

1 Wages, tips, other comp. 2944.95			2 Federal income tax withheld 92.41			
3	Social security wage 2944		4 Social security tax withheld 182,59			
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d	Control number	Dept.	Corp.	Employer use only		
	01618465 732		DCMH	G S 46233		
	TATA CONSUL LIMITED 379 THORNAL 4TH FLOOR EDISON, NJ 08	L STRE		CES		
b	Employer's FED ID 98-042980	number 6	a Emplo	yee's SSA number XXX-XX-9629		
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11	Nonqualified plans		12a			
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				Pot plan and party sick pay		
	451 SWEET APF COLLIERVILLE, State Employer's st	VIKRAM PLE COV TN 380	/E; 8;)17	wages, tips, etc.		
17	State income tax		18 Local	wages, tips, etc.		
19	Local income tax		20 Local	ity name		

City or Local Filing Copy
Wage and Tax
Statement

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