

Form W-2 Wage and Tax Statement 2023

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Control number 107114031126		Employer identification number EIN 13-4994650		Copy B, To Be Filed With Employee's FEDERAL Tax Return				
Employer's name, address and ZIP code JPMorgan Chase Bank, National Association 1111 Polaris Parkway Columbus, OH 43240		Employee's social security number 276-17-7756		1 Wages, tips, other compensation 148208.28	2 Federal income tax withheld 17126.77			
Employee's first name and init Last name Suffix NARESH SINGAMSETTY 5618 Mercier St Lewis Center, OH 43035 Employee's address and ZIP code		7 Social security tips		3 Social security wages 160200.00	4 Social security tax withheld 9932.40			
		8 Allocated tips		5 Medicare wages and tips 169046.56	6 Medicare tax withheld 2451.18			
		12a C 54.00		10 Dependent care benefits		11 Nonqualified plans		
		12b D 20838.28		13 Statutory Employee <input type="checkbox"/>		14 Other		
12c DD 13244.73		12d		Retirement Plan <input checked="" type="checkbox"/>		Third-party sick pay <input type="checkbox"/>		
15 State OH		Employer's state ID number 521530683	16 State wages, tips etc. 148208.28	17 State income tax 5146.25	18 Local wages, tips etc. 169046.56	19 Local income tax 4226.16	20 Locality name Columbus	

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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Employer's name, address and ZIP code JPMorgan Chase Bank, National Association 1111 Polaris Parkway Columbus, OH 43240		Employee's social security number 276-17-7756		1 Wages, tips, other compensation 148208.28	2 Federal income tax withheld 17126.77			
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OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Control number 107114031126		Employer identification number EIN 13-4994650		Copy 2, To Be Filed With Employee's State, City, or Local Income Tax Return				
Employer's name, address and ZIP code JPMorgan Chase Bank, National Association 1111 Polaris Parkway Columbus, OH 43240		Employee's social security number 276-17-7756		1 Wages, tips, other compensation 148208.28	2 Federal income tax withheld 17126.77			
Employee's first name and init Last name Suffix NARESH SINGAMSETTY 5618 Mercier St Lewis Center, OH 43035 Employee's address and ZIP code		7 Social security tips		3 Social security wages 160200.00	4 Social security tax withheld 9932.40			
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0175110098001504000200000000

2023 W-2 and EARNINGS SUMMARY 

Employee Reference Copy
W-2 Wage and Tax Statement 2023
OMB No. 1545-0008

Copy C for employer's records
d Control number Dept. Corp. Employer use only
298544 LOS2/XAW A 15930

c Employer's name, address, and ZIP code
INFOSYS LIMITED
2400 N GLENVILLE DR C150
RICHARDSON TX 75082

Batch #03088

e/f Employee's name, address, and ZIP code
NARESH SINGAMSETTY
MERCIER ST
5618
LEWIS CENTER OH 43035

b Employer's FED ID number 58-1760235	a Employee's SSA number XXX-XX-7756
1 Wages, tips, other comp. 120022.24	2 Federal income tax withheld 18874.96
3 Social security wages 120022.24	4 Social security tax withheld 7441.38
5 Medicare wages and tips 120022.24	6 Medicare tax withheld 1740.32
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 27.04
14 Other	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay
15 State OH Employer's state ID no. 52-2416049	16 State wages, tips, etc. 120022.24
17 State income tax 4004.93	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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	OH. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	119,995.20	119,995.20	119,995.20	119,995.20
Plus GTL (C-Box 12)	27.04	27.04	27.04	27.04
Reported W-2 Wages	120,022.24	120,022.24	120,022.24	120,022.24

2. Employee Name and Address.

NARESH SINGAMSETTY
MERCIER ST
5618
LEWIS CENTER OH 43035

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← Fold and Detach Here →

1 Wages, tips, other comp. 120022.24	2 Federal income tax withheld 18874.96
3 Social security wages 120022.24	4 Social security tax withheld 7441.38
5 Medicare wages and tips 120022.24	6 Medicare tax withheld 1740.32
d Control number Dept. Corp. Employer use only 298544 LOS2/XAW A 15930	

c Employer's name, address, and ZIP code
INFOSYS LIMITED
2400 N GLENVILLE DR C150
RICHARDSON TX 75082

b Employer's FED ID number 58-1760235	a Employee's SSA number XXX-XX-7756
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9	10 Dependent care benefits
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e/f Employee's name, address and ZIP code
NARESH SINGAMSETTY
MERCIER ST
5618
LEWIS CENTER OH 43035

15 State OH Employer's state ID no. 52-2416049	16 State wages, tips, etc. 120022.24
17 State income tax 4004.93	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Federal Filing Copy
W-2 Wage and Tax Statement 2023
Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

1 Wages, tips, other comp. 120022.24	2 Federal income tax withheld 18874.96
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d Control number Dept. Corp. Employer use only 298544 LOS2/XAW A 15930	

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INFOSYS LIMITED
2400 N GLENVILLE DR C150
RICHARDSON TX 75082

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NARESH SINGAMSETTY
MERCIER ST
5618
LEWIS CENTER OH 43035

15 State OH Employer's state ID no. 52-2416049	16 State wages, tips, etc. 120022.24
17 State income tax 4004.93	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

OH.State Reference Copy
W-2 Wage and Tax Statement 2023
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

1 Wages, tips, other comp. 120022.24	2 Federal income tax withheld 18874.96
3 Social security wages 120022.24	4 Social security tax withheld 7441.38
5 Medicare wages and tips 120022.24	6 Medicare tax withheld 1740.32
d Control number Dept. Corp. Employer use only 298544 LOS2/XAW A 15930	

c Employer's name, address, and ZIP code
INFOSYS LIMITED
2400 N GLENVILLE DR C150
RICHARDSON TX 75082

b Employer's FED ID number 58-1760235	a Employee's SSA number XXX-XX-7756
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a C 27.04
14 Other	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code
NARESH SINGAMSETTY
MERCIER ST
5618
LEWIS CENTER OH 43035

15 State OH Employer's state ID no. 52-2416049	16 State wages, tips, etc. 120022.24
17 State income tax 4004.93	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

OH.State Filing Copy
W-2 Wage and Tax Statement 2023
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

For Your Reference

Date: January 23, 2024
 Letter ID: L0000461505
 Account Type: Individual
 Account ID: IIT-00246545
 Filing Period: Tax Year 2022

NARESH SINGAMSETTY
 5618 MERCIER ST
 LEWIS CENTER OH 43035-7740

1099-G

Below is federal Form 1099-G for use in the preparation of your 2023 federal income tax return.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CITY OF COLUMBUS INCOME TAX DIVISION 77 N FRONT STREET FL 2 COLUMBUS, OH 43215-1895		1 Unemployment compensation \$	OMB No. 1545-0120 Form 1099-G (Rev. January 2022) For calendar year 2023	Certain Government Payments
PAYER'S TIN 316400223		2 State or local income tax refunds, credits, or offsets \$ 2,786.00	3 Box 2 amount is for tax year 2022	
RECIPIENT'S TIN ***-**-7756		4 Federal income tax withheld \$		Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name NARESH SINGAMSETTY		5 RTAA payments \$	6 Taxable grants \$	
Street address (including apt. no.) 5618 MERCIER ST		7 Agriculture payments \$	8 If checked, box 2 is trade or business income <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code LEWIS CENTER OH 43035-7740		9 Market gain \$		
Account number (see instructions)		10a State	10b State identification no. \$	
		11 State income tax withheld \$		

Employer-Provided Health Insurance Offer and Coverage

VOID
 CORRECTED

OMB No. 1545-0047 **600320**
2023

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

Part I Employee

1 Name of employee (first name, middle initial, last name)
NARESH SINGAMSETTY

2 Social security number (SSN)
***-**-7756

3 Street address (including apartment no.)
5618 MERCIER ST

4 City or town
LEWIS CENTER

5 State or province
OH

6 Country and ZIP or foreign postal code
43035

7 Name of employer
JPMORGAN CHASE BANK, NA

8 Street address (including room or suite no.)
1111 POLARIS PARKWAY

9 City or town
COLUMBUS

10 State or province
OH

11 Contact telephone number
877-576-2427

12 Country and ZIP or foreign postal code
43240

13 Employer identification number (EIN)
13-4994650

Part II Employee Offer of Coverage

Employee's Age on January 1: _____

Plan Start Month (enter 2-digit number): 01

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$ 190.66	\$ 190.66	\$ 190.66	\$ 190.66	\$ 190.66	\$ 190.66	\$ 190.66	\$ 190.66	\$ 190.66	\$ 190.66	\$ 190.66	\$ 190.66
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2H	2H	2H
17 ZIP Code													

Part III Covered Individuals - If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage													
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
18 NARESH SINGAMSETTY	***-**-7756			X	X	X	X	X	X	X	X	X	X	X	X	X	X
19 AVIK SINGAMSETTY	***-**-4214			X	X	X	X	X	X	X	X	X	X	X	X	X	X
20 AVIN SINGAMSETTY	***-**-7239			X	X	X	X	X	X	X	X	X	X	X	X	X	X
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	

Infosys Limited
2400 N. Glenville Drive, STE C150
Richardson, TX 75082

0004905**000011**000001*****MIXED AADC 07099**1



0004905

NARESH SINGAMSETTY
MERCIER ST 5618 NA
LEWIS CENTER OH 43035

60012

Form 1095-C

Employer-Provided Health Insurance Offer and Coverage

VOID
 CORRECTED

OMB No. 1545-2251

2023

Department of the Treasury
Internal Revenue Service

▶ Do not attach to your tax return. Keep for your records
▶ Go to www.irs.gov/Form1095C for instructions and the latest information.

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) Naresh Singamsetty		2 Social security number (SSN) xxx-xx-7756		7 Name of employer Infosys Limited		8 Employer identification number (EIN) 58-1760235	
3 Street address (including apartment no.) Mercier St 5618 NA				9 Street address (including apartment no.) 2400 N. Glenville Drive, STE C150		10 Contact telephone number 214-308-2115	
4 City or town Lewis Center		5 State or province OH		6 Country and ZIP or foreign postal code USA 43035		11 City or town Richardson	
				12 State or province TX		13 Country and ZIP or foreign postal code USA 75082	

Part II Employee Offer and Coverage	Employee's Age on January 1												Plan Start Month: 04		
	All 12 Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec		
14 Offer of Coverage (enter required code) 1E															
15 Employee Required Contribution (see instructions) \$	\$89.24	\$89.24	\$89.24	\$75.53	\$75.53	\$75.53	\$75.53	\$75.53	\$75.53	\$75.53	\$75.53	\$75.53	\$75.53	\$75.53	\$75.53
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2H															
17 ZIP Code															

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form 1095-C



0004905

Goodwill



Marion Delaware Union Crawford Morrow

DONATION RECEIPT

Date	10-15-23	Phone	740-953-8414
Donor Name	Noreen Spangley		
Address	5618 Maerker St		
City	Lewis Center	State	OH
		Zip	43035
Donated at	LC		

	ITEMS DONATED			VALUE (Donor Estimate)
	# Bag	# Box	# Pieces	
Clothing	1	1		100
Furniture			4	100
Shoes				
Ware				
Miscellaneous				

Tax benefits for charitable contributions are available only for taxpayers who itemize deductions. To claim a deduction on taxes, the donor determines the fair market value of the contribution. A valuation guide is available at www.mariongoodwill.org. No goods or services were provided to the contributor by Goodwill. Goodwill does not retain a copy of this receipt.

Thank You!

**10%
Off!**

THANK YOU FOR YOUR DONATION!

Receive 10% off your next purchase.

Excludes purchase made on shopgoodwill.com

Cannot be combined with any other discounts.

*Your donations fund job training and employment services
for people with disabilities and barriers to employment.*

Marion Goodwill Industries – 340 W. Fairground St., Marion, Ohio 43302

Goodwill



Marion Delaware Union Crawford Morrow

DONATION RECEIPT

Date	11-16-23	Phone	740-953-8414
Donor Name	Naveen Sijemsetty		
Address	5618 Mercier St		
City	Lewis Center	State	OH
		Zip	43035
Donated at	LC		

	ITEMS DONATED			VALUE (Donor Estimate)
	# Bag	# Box	# Pieces	
Clothing	2	2		200
Furniture		3		600
Shoes				
Ware				
Miscellaneous	1			420

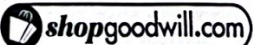
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for people with disabilities and barriers to employment.*

Marion Goodwill Industries – 340 W. Fairground St., Marion, Ohio 43302

Goodwill



Marion Delaware Union Crawford Morrow

DONATION RECEIPT

Date	6-19-23	Phone	766-583-8414
Donor Name	Narash Singam Selty		
Address	5618 Mercier St		
City	Lewis Center	State	OH
		Zip	43035
Donated at	LC		

	ITEMS DONATED			VALUE (Donor Estimate)
	# Bag	# Box	# Pieces	
Clothing	2	1		\$100
Furniture				
Shoes		1		\$50
Ware				
Miscellaneous		1		\$50


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