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 C, For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)				
Employer's name, address and ZIP code JPMorgan Chase Bank, National Association 1111 Polaris Parkway Columbus, OH 43240 Employee's first name and init Last name NARESH SINGAMSETTY		Employee's social security number 276-17-7756 7. Social security tips 8. Allocated tips		1 Wages, tips, other compensation 148208.28 3 Social security wages 160200.00 5 Medicare wages and tips 169046.56 10 Dependent care benefits		2 Federal income tax withheld 17126.77		
						4 Social security tax withheld 9932.40		
						6 Medicare tax withheld 2451.18 11 Nonqualified plans		
Lewis	Center, OH 43035		12a C	54.00	13 Statutory Employee Retirement Plan		14 Other	
bug Direct			12b D	20838.28				
			12c DD	13244.73				
Employee's address and ZIP code		12d	Zi dan Ku	Third-party sick pay				
15 State	Employer's state ID number	16 State wages, tips etc.	17 State income tax	18 Local wa	iges, tips etc.	19 Local income tax	20 Locality name	
ОН	521530683	148208.28	5146.25	169046.56	Carlot Street	4226.16	Columbus	
Machine Co.	Extra contract the	AND THE PROPERTY	data herra kulan and me	FF WWW.				

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.

Form W-	2 Wage and Tax Statement 202	3	OMB No. 1545-0008	3			sury - Internal Revenue Service								
Control number 107114031126		Employer identification number EIN 13-4994650		Copy 1, To Be Filed With Employee's State, City, or Local Incom											
Employer's name, address and ZIP code JPMorgan Chase Bank, National Association 1111 Polaris Parkway Columbus, OH 43240 Employee's first name and init Last name NARESH SINGAMSETTY 5618 Mercier St				Wages, tips, other compensation 148208.28 Social security wages 160200.00 Medicare wages and tips 169046.56 Dependent care benefits		2 Federal income tax withheld 17126.77 4 Social security tax withheld 9932.40 6 Medicare tax withheld 2451.18 11 Nonqualified plans									
									Center, OH 43035		12a C	54.00	13 Statutory Employee		14 Other
											12b D	20838.28			
								- 1.5			12c DD	13244.73			
Employ	vee's address and ZIP code		12d		OF ALBERTA	ty sick pay									
15 State	Employer's state ID number	16 State wages, tips etc.	17 State income tax	18 Local w	ages, tips etc.	19 Local income tax	20 Locality name								
OH	521530683	148208.28	5146.25	169046.56		4226.16	Columbus								
1000000	The second secon	and the second		The Control of the Control	CONTRACTOR OF STREET										

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.

Form W-2 Wage and Tax Statement 2023 Control number	Employer identificati			Department of the Treasury - Internal Revenue Service Copy 2, To Be Filed With Employee's State, City, or Local Income Tax Return			
107114031126 Employer's name, address and ZIP code JPMorgan Chase Bank, National Association	Employee's social sec	Employee's social security number 276-17-7756 7 Social security tips 8 Allocated tips		ps, other compensation	2 Federal income tax withheld 17126.77 4 Social security tax withheld 9932.40 6 Medicare tax withheld 2451.18 11 Nonqualified plans		
JPMorgan Chase Bank, National Association 1111 Polaris Parkway Columbus, OH 43240				urity wages			
	8 Allocated tips			wages and tips			
NARESH SINGAMSETTY	Sullix			nt care benefits			
5618 Mercier St Lewis Center, OH 43035	12a C	54.00	13 Statutory	Employee	14 Other		
	12b D 12c DD	20838.28 13244.73	Retireme	AND THE PERSON NAMED IN			
Employee's address and ZIP code	12d	Antic of	Third-party sick pay				
15 State Employer's state ID number 16 State wages, tip	s etc. 17 State income tax	18 Local wa	ges, tips etc.	19 Local income tax	20 Locality name		
OH 521530683 148208.28	5146.25	169046.56		4226.16	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.



2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax -2 Statement Copy C for employee's records

d Control numb 298544 LOS2/XAW

Employer use only A 15930

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

Batch #03088

120022.24

18 Local wages, tips, etc.

20 Locality name

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

L	EWIS CENTER OH	43035			
Ь	Employer's FED ID number 58 - 1760235	Employee's SSA number XXX-XX-7756			
1	Wages, tips, other comp.	2 Federal income tax withheld			
	120022.24	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			
	Other	12b			
14	Other	12c			
ı		12d			
		13 Stat emp. Ret. plan 3rd party sick			

15 State Employer's state ID no. 16 State wages, tips, etc OH 52-2416049 1200

4004.93

17 State income tax

19 Local income tax

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 27.04 119,995.20 27.04 119,995.20 27.04 119,995.20 27.04

Plus GTL (C-Box 12) 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**

O 2023 ADP, Inc

120022.24 18874.96 Social security tax withheld 7441.38 Social security wages 120022.24 Medicare tax withheld 1740.32 Medicare wages and tips 120022.24 Employer use only Control number Dept 15930 298544 LOS2/XAW

Employer's name, address, and ZIP code

INFOSYS LIMITED 2400 N GLENVILLE DR C150 **RICHARDSON TX 75082**

, 1	Employer's FED ID number 58-1760235	a Employee's SSA number XXX-XX-7756			
7 :	Social security tips	8 Allocated tips			
)		10 Dependent care benefits			
11 1	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			
//	Employee's name, address a	and 7IP code			

NARESH SINGAMSETTY MERCIER ST 5618

LEWIS CENTER OH 43035

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

19 Local Income tax 20 Locality name

4004.93

Federal Filing Copy Wage and Tax Statement

1	Wages, tips, other co 12002	2 Federal income tax withheld 18874.96					
3				4 Social security tax withheld 7441.38			
5	Medicare wages and 12002	tips 2.24	6 Medicare tax withheld 1740.32				
	Control number 8544 LOS2/XAW	Dept	Corp.	Empl A	oyer use only 15930		
_	Employer's name as	Idraea a	nd 7IP cod	TUNNE PROT	THE STREET, ST		

Fold and Detach Here

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 a	and ZIP code			
N	ARESH SINGAMSE	TTY			

MERCIER ST 5618

LEWIS CENTER OH 43035

15 State Employer's state ID no. 16 State wages, tips, etc. 120022.24 8 Local wages, tips, etc. State income tax 4004.93 20 Locality name

OH.State Reference Copy Wage and Tax Z Statement

1 Wages, tips, other comp 120022.		2 reger	al incom	18874.96
3 Social security wages 120022.	24	4 Social security tax withheld 7441.38		
5 Medicare wages and tip 120022.	24	6 Medica	Medicare tax withh	
d Control number D 298544 LOS2/XAW	ept	Corp.	Emp A	loyer use only 15930
c Employer's name, addre	55, AN	d ZIP cod		

INFOSYS LIMITED 2400 N GLENVILLE DR C150 RICHARDSON TX 75082

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

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

15 C	State	Employer's state ID no. 52-2416049	16 State wages, tips, etc. 120022.	
			18 Local wages, tips, etc.	2000
19	Loca		20 Locality name	Ī

OH.State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's Sta



For Your Reference

Date: Letter ID: **Account Type:** Account ID:

Filing Period:

January 23, 2024 L0000461505 Individual IIT-00246545 Tax Year 2022

վոլկինկորդկինկներույնկրդորոկիլի 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.

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

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1095-C Department of the Treesus	7	Employ	▶ Do	not attach to y	our tax return.	Keep for y	ce Offer and Coverage your records. the latest information.				VOID CORRECT	TED	2023		
Part 1 Employee 2 Social security number (SSN) ***-**-7756							Appli	cable Large E	mployer Mem		8 Employer identification number (EIN) 13-4994650				
Name of employee (fin NARESH SING	t name, middle in AMSETTY	itial, lest name)						RGAN CHA	SE BANK,	NA					
5618 MERCIE	ng apartment no.) RST							POLARIS	PARKWAY				Contact telephone n 877-576-24		
City or town LEWIS CENTE	6 Country and 43035	8 Country and ZIP or foreign postal code 43035			town UMBUS		12 State or provin OH	C0		13 Country and ZIP or foreign postal code 43240					
Part II Employ	ree Offer of Co	overage		Employe	e's Age on Jan	nuary 1				Plan Start Mo	nth (enter 2-digit	number): 01			
	All 12 Months	Jan	Feb	Mar	Apr	May	у	June	July	Aug	Sept	Oct	Nov	Dec	
4 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E		1E	1E	1E	1E	1E	1E	1E	
IS 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	s s 190.66	\$ 190.66	
86 Section 4980H Safe Harbor and Other Relief (enter code, f applicable)		2C	2C	2C	2C	20		2C	2C	. 2C	2C	2Н	2н	2Н	

Form 1095-C (2023)

P00350 Form 1095-C (2023) Page 3 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)

(b) SSN or other TIN (c) DOB (if SSN or other | (d) Covered | (e) Months of coverage | (e) Months of cov (c) DOB (if SSN or other TIN is not available) Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

X X X X X X X X X X X X 18 NARESH SINGAMSETTY ***-**-7756 x x x x x x x x x ***-**-4214 19 AVIK SINGAMSETTY x x x x x x x x x 20 AVIN SINGAMSETTY ***-**-7239

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

LEWIS CENTER OH 43035

																	P00:	
Form1095-C		ri italia Watafara	Emp	oloyer-Pr	ovided He	ealth Ins	urance	Offe	er an	ıd			OID		795	OMB No	0. 1545-22	
Department of the Treasury Internal Revenue Se	9 (4) (dub) (s djig			COV ch to your tax v/Form1095C f					n.		_ c	ORRE	CTED		20	23	
Scale	ployee		And Alexander			1000		Appli	cable	Large	Em	ployer	Mer	nber(Empl	loyer)		
1 Name of employed		, middle init		2 Social se	curity number (SS	SN)	7 Name of Infosys Lin	employe						8 Employ 58-176	er ident 0235	tification	number (E	
3 Street address (i Mercier St 5618 N		rtment no.					9 Street ad 2400 N. GI				nt no.)			10 Conta 214-300	3-2115	dries.		
The second secon		5 State or	province	6 Country a code USA 430	and ZIP or foreign 35	n postal	11 City or town Richardson					12 State rovince TX		13 Country and ZIP or foreign po code USA 75082			reign pos	
Part II Em	nlovee C	Offer and	Covera	ge	Emplo	Employee's Age on January 1					Pla	Plan Start Month: 04					Jan L	
14 Offer of	All 12 Mont					May	Jun	lan Visi	Jul	Au	g	Sept	100	Oct		Nov	Dec	
Coverage (enter required code)	1E	12.3		ZG (SS)				95				parent a topical			0		****	
15 Employee Required Contribution (see instructions)	\$	\$89.24	\$89.24	\$89.24	\$ 75.53	\$75.53	\$75.53	\$75	.53	\$ 75.53		\$75.53	5	75.53	\$ 75	5.53	\$ 75.53	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)																		
17 ZIP Code	U rie	1 4 1 2a			in the second	Section .												
Part III Cov	ered Ind	ividuals	-If Employer	provided self-in	sured coverage, ch	eck the box an	d enter the ir	nformatio	on for eac	ch individu:	al enrol	led in cov	erage.	including ⁽	the emp	byee.	100 July 100	
(a) Name of covered ind	ividual(s) Firs				(c)DOB (If SSN (d) Co								e) Months of coverage					
name, middle initial, last	name	(b) SSN or o		other TIN	or other TIN not av ailable		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
18						[1] [1]												
19		1000							<u> </u>								1000	
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Cat. No. 60705M

Form 1095-C (



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

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24

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26

GOO!			DONATIO	N RECEIPT
Date / / / Donor Name	5-2	•	40-953-	8414
Address City Donated at	Mark Mark Con	State 6 L	Zip C	18.36
ITEMS D	ONATED	VA	LUE (Donor E	stimate)
rvnie, Unio 43082 23-4100	# Bag	# Box	# Pieces	
Clothing Furniture	15516.0		4	100

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!

Shoes

Ware

Miscellaneous

THANK YOU FOR YOUR DONATION!

Receive 10% off your next purchase.

Excludes purchase made on **Shop**goodwill.com Cannot be combined with any other discounts.

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

Goodwill	可
Marion Delaware Union Crawford Morrow	goodwill

DONATION RECEIPT

Marion Delaware U	nion Crawford Mor	row	DUIMITO	NICCEIFI
Date \ \ \ _ \ (-23	Phone 1	40-953.	8414
	/	nsety	P	7, ¹¹ 3 5
Address 5618	Merclu	SY		197 etg. (e. 1)
City Lowis C	Mercler enter	State 61	Zip L	3135
Donated at	L			
ITEMS	DONATED	VA	LUE (Donor E	stimate)
- Zu., - 1915 Zan.	# Bag	# Box	# Pieces	
Clothing	2	2		200
Furniture		3	pr. Notice	ino
Shoes		e Harrister in the		The state of the s
Ware		P .	4	2
Miscellaneous				470

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.

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

GOO Marion Delaware Un		77.77	DONATION	I RECEIPT
Date 6 - 10	1-23	Phone	-583 - 8	414
Donor Name	Varish Mercin	Rivern S	lett	
Address 5618	Mercia	sr		
City Levis Ces	nter	State 0 1	, Zip	41.35
Donated at UC		*		
ITEMS	DONATED	VA	LUE (Donor Es	stimate)
	# Bag	# Box	# Pieces	
Clothing	2	Ĺ		100
Furniture	5/200			
Shoes			<u> </u>	\$50
Ware				
Miscellaneous	1 1 1 1	1	2 ,	\$50

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%

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