2023 W-2 and EARNINGS SUMMARY Employee Reference Copy Wage and Tax This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that Statement Copy C for employee's records. you may also find helpful. The following reflects your final pay stub, plus d Control number any adjustments made by your employer. 01535120 732 Employer use only GROSS PAY 43,074.34 Employer's name, address, and ZIP code DCMH SOCIAL SECURITY G S 27097 TAX WITHHELD TATA CONSULTANCY SERVICES BOX 04 OF W-2 FED. INCOME LIMITED 2,761.37 MEDICARE TAX TAX WITHHELD 379 THORNALL STREET WITHHELD BOX 02 OF W-2 4TH FLOOR BOX 06 OF W-2 EDISON, NJ 08837 STATE INCOME TAX 1,178.52 SUI/SDI BOX 17 OF W-2 BOX 14 OF W-2 LOCAL INCOME TAX 1,032,33 e/l Employee's name, address, and ZIP code BOX 19 OF W-2 PRASHANT MUKATI 7830 NORMANDIE BLVD.,; K60, MI MIDDLEBURG HEIGHTS, OH 44130 b Employer's FED ID number a Employee's SSA number 98-0429806 XXX-XX-9796 1. Wages, tips, other comp. 2. Federal income tax withheld 39807.54 2761.37 3 Social security wages 4 Social security tax withheld 41293.12 2560.17 5 Medicare wages and tips 6 Medicare tax withheld 41293.12 598.75 7 Social security tips To change your employee W-4 profile information 8 Allocated tips file a new W-4 with your payroll department 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 1485.58 14 Other Social Security Number: XXX-XX-9796 12b DD 1 2917.72 250.00 TFB PRASHANT MUKATI 12c 7830 NORMANDIE BLVD.,; K60, MI 12d 1.3 Stat emp. Ret, plan 3rd party sick pay MIDDLEBURG HEIGHTS, OH 44130 15 State Employer's state ID no. 16 State wages, tips, etc. OH 52-650229 39807.54 17 State Income tax 18 Local wages, tips, etc. 1178.52 41293.12 19 Local Income tax 20 Locality name @ 2023 ADP, Inc. 1032,33 200-CLEVELAN PAGE 1 OF 1 # Fold and Detach Here Th 1 Wages, tips, other comp. 2 Federal Income tax withheld 2 Federal income tax withheld 1 Wages, tips, other comp. 2 Federal Income tax withheld 1 Wages, tips, other comp. 39807.54 2761.37 39807.54 2761.37 39807.54 3 Social security wages 4 Social security tax withheld 3 Social security wages 4 Social security tax withheld 3 Social security wages 4 Social security tax withheld 41293.12 41293.12 2560.17 2560.17 41293.12 5 Medicare wages and tips 6 Medicare tax withheld 5 Medicare lax withheld 5 Medicare wages and tips 5 Medicare wages and tips 6 Medicare tax withheld 41293.12 41293.12 598.75 598.75 41293.12 d Control number Dept. Employer use only Corp. d Control number d Control number Dept. Corp. Employer use only Corp. Dept 01535120 732 DCMH G S 27097 01535120 732 G S 27097 DCMH | DCMH 01535120 732 c Employer's name, address, and ZIP code c Employer's name, address, and ZIP code c Employer's name, address, and ZIP code TATA CONSULTANCY SERVICES TATA CONSULTANCY SERVICES TATA CONSULTANCY SERVICES LIMITED LIMITED LIMITED 379 THORNALL STREET **379 THORNALL STREET 379 THORNALL STREET** 4TH FLOOR 4TH FLOOR 4TH FLOOR **EDISON, NJ 08837 EDISON, NJ 08837 EDISON, NJ 08837** b Employer's FED ID number a Employee's SSA number b Employer's FED ID number a Employee's SSA number b Employer's FED ID number a Employee's SSA number XXX-XX-9796 XXX-XX-9796 98-0429806 98-0429806 98-0429806 8 Allocated tips 7 Social security tips 7 Social security tips 8 Allocated tips 8 Allocated tips 7 Social security tips 10 Dependent care benefits 10 Dependent care benefits 10 Dependent care benefits 11 Nonqualified plans 11 Nonqualified plans 11 Nonqualified plans 12a 128 12a See instructions for box 12 1485.58 1485,58 14 Other 12b DD 12b DDI 14 Other 14 Other 12b DD 2917.72 2917.72 250.00 TFB 250.00 TFB 250.00 TFB 12c 12c 12c 12d 12d 12d 13 Stat emp. Flet, plan 3rd party nick pay 13 Stat emp. Ret. plan 3rd party sick pay 13 Stat emp. Ret. plan 3rd party sick pay

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

7830 NORMANDIE BLVD..; K60, MI

MIDDLEBURG HEIGHTS, OH 44130

PRASHANT MUKATI

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

Wage and Tax Statement

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

1178.52

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

7830 NORMANDIE BLVD.,; K60, MI

MIDDLEBURG HEIGHTS, OH 44130

15 State Employer's state ID no. 18 State wages, tips, etc.

PRASHANT MUKATI

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17 State income tax

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18 Local wages, tips, etc.

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Wage and Tax Statement

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Federal Filing Copy

e'il Employee's name, address and ZIP code

7830 NORMANDIE BLVD.,; K60, MI

MIDDLEBURG HEIGHTS, OH 44130

PRASHANT MUKATI

52-650229 9

OH

17 State Income tax

19 Local income tax

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

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

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18 Local wages, tips, etc.

20 Locality name

## Instructions for Employee

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

Box 2. Enter this amount on the tederal 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 owned 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 firmit 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 end/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for nocial 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, and you are or will be age 62 by the end of the 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(ki) (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 fax 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 deterrals under a section 403(b) safary reduction agreement

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

G-Elective deferrats and employer contributions (Including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(0) 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 parachule payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)
M—Uncollected social security or RRTA tax on taxable cost of group-term 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 solary reduction contributions under a section 405(p) Stepus plan (not included in best 1):

T-Adoption benefits triol (noblided in box 1). Complete Form 8839 to figure any toxible and nontaxible amounts.

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

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

Y-Deferrats under a section 409A conquatried 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 Ferret 1840 instructions

AA - Designated Roth contributions under a section 461(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-example organization section 457(b) plan.

FF-Permitted benefits under a qualified small employer health reintbursement arrangement

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

HH-Aggregate deterrals under acction 83(i) elections as of the close of the calendar year

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. 596-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.

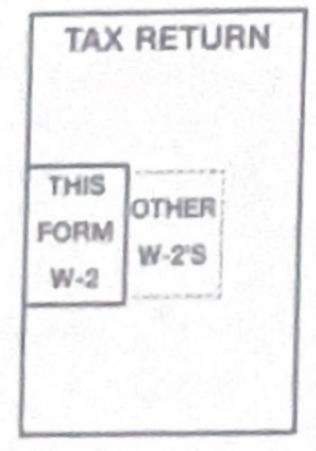
Department of the Treasury - Internal Revenue Service

## 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.

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 (it 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.

Department of the Treasury - Internal Revenue Service