

<p>All four copies of your W-2 are on this page separated by perforations. General instructions for these forms, including an explanation of the letter codes used in box 12, are printed on the reverse side of this page.</p> <p>To the right is information which shows your total wages by W-2 box and the amount of any deferred compensation and/or other pretax deductions that were subtracted from total wages to arrive at your W-2 wages.</p>	Gross Wages	Federal Box 1	Soc. Sec. Box 3 and 7	Medicare Box 5	
	Taxbl Benefits	232062.54	232062.54	232062.54	
	Group Term Life	138.00		138.00	138.00
	Adoption				
	Deferred Comp	(22500.00)			
	Section 125	(4348.32)		(4348.32)	(4348.32)
Other Pretax/Wage Limit			(67652.22)		
W-2 Wages	205352.22		160200.00	227852.22	

a Employee's social security number 365-23-8663	b Employer identification number (EIN) 22-3582360	d Control number 000055676301	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. OMB No. 1545-0008	
c Employer's name, address, and ZIP code Dun & Bradstreet Inc 3501 Corporate Parkway PO Box 520 Center Valley PA 18034-0520 USA			1 Wages, tips, other compensation 205352.22	2 Federal income tax withheld 30614.16
e Employee's first name and Initial Srinivas Kooduri 241 Nicholson Ave Edison NJ 08820 USA			3 Social security wages 160200.00	4 Social security tax withheld 9932.40
f Employee's address and ZIP code			5 Medicare wages and tips 227852.22	6 Medicare tax withheld 3554.53
15 State NJ	Employer's state ID Number 223-582-360/000	16 State wages, tips, etc. 209700.54	17 State income tax 12218.10	7 Social security tips
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	13 Statutory employee <input type="checkbox"/>	8 Allocated tips
			Retirement plan <input checked="" type="checkbox"/>	9
			Third-party sick pay <input type="checkbox"/>	10 Dependent care benefits
			14 Other NJ FLI 94.08 NJUI WF SW 174.68	11 Nonqualified plans
				12a See instructions for box 12 Code C 138.00
				12b Code D 22500.00
				12c Code DD 14844.00
				12d Code

Form W-2 Wage and Tax Statement
Copy C—For EMPLOYEE'S RECORDS
(See Notice to Employee on the back of Copy B.)

2023

Department of the Treasury - Internal Revenue Service

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				12b Code D 22500.00
				12c Code DD 14844.00
				12d Code

Form W-2 Wage and Tax Statement
Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2023

Department of the Treasury - Internal Revenue Service

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				12b Code D 22500.00
				12c Code DD 14844.00
				12d Code

Form W-2 Wage and Tax Statement
Copy 2—To Be Filed With Employee's State, City, or local Income Tax Return

2023

Department of the Treasury - Internal Revenue Service

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Form W-2 Wage and Tax Statement
Copy 2—To Be Filed With Employee's State, City, or local Income Tax Return

2023

Department of the Treasury - Internal Revenue Service

2023 W-2 and EARNINGS SUMMARY

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.

Employee Reference Copy W-2 Wage and Tax Statement 2023 Copy C for employee's records. OMB No. 1545-0008

Table with 2 columns: Description and Amount. Rows include GROSS PAY (94,813.30), SOCIAL SECURITY TAX WITHHELD (5,741.33), FEDERAL INCOME TAX WITHHELD (5,576.82), STATE INCOME TAX (1,665.18), LOCAL INCOME TAX (0.00), MEDICARE TAX WITHHELD (1,342.73), and SUI/SDI (0.00).

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

Social Security Number: XXX-XX-6763

PADMA NANDARAM 241,NICHOLSON AVENUE EDISON, NJ 08820



Form 1: Summary of wages and taxes. Includes boxes 1-20 for wages, taxes, and employer information.

Form 2: Detailed breakdown of wages and taxes. Includes boxes 1-20 for wages, taxes, and employer information.

Form 3: Detailed breakdown of wages and taxes. Includes boxes 1-20 for wages, taxes, and employer information.

Federal Filing Copy W-2 Wage and Tax Statement 2023

NJ. State Filing Copy W-2 Wage and Tax Statement 2023

City or Local Filing Copy W-2 Wage and Tax Statement 2023

Form **1095-C**

Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.

Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID

CORRECTED

600120

OMB No. 1545-2251

2023

Part I Employee			Applicable Large Employer Member (Employer)		
1 Name of employee Srinivas Kooduri		2 Social security number (SSN) ***-**-8663	7 Name of employer Dun & Bradstreet, Inc.		8 Employer identification number (EIN) 22-3582360
3 Street address (including apartment no.) 241 Nicholson Ave			9 Street address (including room or suite no.) 100 Campus Drive, 3rd Floor West		10 Contact telephone number (877)-362-8953
4 City or town Edison	5 State or province NJ	6 Country and ZIP or foreign postal code 08820	11 City or town Florham Park	12 State or province NJ	13 Country and ZIP or foreign postal code 07932 USA

Part II Employee Offer and Coverage			Employee's Age on January 1:				Plan Start Month (Enter 2-digit number): 01						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
4 Offer of coverage (enter required code)	1A												
5 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
6 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												
17 ZIP Code													

Part III Covered Individuals				<input checked="" type="checkbox"/>													
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 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 Srinivas Kooduri	***-**-8663	12/03/1972	X														
19 Srinitya Koduri	***-**-6995	10/03/2005	X														
20 Rishith Koduri	***-**-5010	02/05/2008	X														
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Employer-Provided Health Insurance Offer and Coverage

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

1 Name of employee (first name, middle initial, last name) **PADMA NANDARAM** 2 Social security number (SSN) ******-**-6763** 7 Name of employer **TATA AMERICA INTERNATIONAL CORP** 8 Employer identification number (EIN) **13-2805758**

3 Street address (including apartment no.) **241 NICHOLSON AVE** 9 Street address (including room or suite no.) **379 THORNALL ST 4TH FLOOR** 10 Contact telephone number **(866) 502-2494**

4 City or town **EDISON** 5 State or province **NJ** 6 Country and ZIP or foreign postal code **08820-1708** 11 City or town **EDISON** 12 State or province **NJ** 13 Country and ZIP or foreign postal code **08837**

Part II Employee Offer of Coverage

14 Other of Coverage (enter required code)	Employee's Age on January 1															
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
15 Employee Required Contribution (see instructions)	\$	162.72	\$	162.72	\$	162.72	\$	162.72	\$	162.72	\$	162.72	\$	162.72	\$	162.72
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C		2C		2C		2C		2C		2C		2C		2C
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 Padma		****-**-6763	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Form 1095-C (2023)