d Control number 0940-P4088952 Void 0061086795 - PAYROL			ployer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
	a Employee's social security numbe  XXX-XX-9914  Third-party lan  Third-party sick pay	25 ST	IMINDTREE LIMITED INDEPENDENCE BLVD 'E 401 ARREN NJ 07059		1 Wages, tips, other compensation         2 Federal income tax withheld           17115.64         25           3 Social security wages         4 Social security tax withheld			
12 See instructions for box 12	14 Other	JIT 44 AP	e Employee's name, address, and ZIP code  JITHENDRI YERVA 44 SOUTH 5TH AVENUE APT 2 HIGHLAND PARK NJ 08904		17115.64 5 Medicare wages and tips 17115.64 7 Social Security Tips 10 Dependent care benefits	6 Medicare tax withheld 8 Allocated Tips 11 Nonqualified plans	1061.17 248.18	
15 State Employer's state ID r This information is being furnished to th		vages, lips, etc.	17 State income tax tax return, a negligence penalty or other sanction ma	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

## Form W-2 Wage and Tax Statement 2023

## Copy B, to be filed with employee's FEDERAL tax return

d Control number 0940-P408895 0061086795 -	PAYROL	Void	c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
	a Employee's social security number  XXX-XX-9914  rement Third-party sick pay		LTIMINDTREE LIMITED 25 INDEPENDENCE BLVD STE 401 WARREN NJ 07059		1 Wages, tips, other compensation 17115.64 3 Social security wages 17115.64	2 Federal Income tax withheld 2578.56		
12 See instructions for box 12	14 Other		e Employee's name, address, and ZIP code  JITHENDRI YERVA 44 SOUTH 5TH AVENUE APT 2 HIGHLAND PARK NJ 08904		5 Medicare wages and tips 17115.64 7 Social Security Tips 10 Dependent care benefits	1061.1 6 Medicare tax withheld 248.1 8 Allocated Tips 11 Nonqualified plans		
15 State Employer's state ID	number 16 State w	rages, tips	6, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

## Form W-2 Wage and Tax Statement 2023

d Control number	Void c Employer's name, address, and ZIP code	Department of the Treasury - Inte	ernal Revenue Service	
e Employer identification number (EIN) a Employee's social security number				
12 Statuton Dalismant Third and			2 Federal income tax withheld	
13 Statutory Retirement Third-party employee plan sick pay		3 Social security wages	4 Social security tax withheld	
12 See instructions for box 12 14 Other	e Employee's name, address, and ZIP code	5 Medicare wages and tips	6 Medicare tax withheld	
		7 Social Security Tips	8 Allocated Tips	
		10 Dependent care benefits	11 Nonqualified plans	
5 State Employer's state ID number 16 State wa	es, tips, etc. 17 State income tax 18 Local wages, tips, etc.	c. 19 Local income tax	20 Locality name	

## Form W-2 Wage and Tax Statement 2023

d Control number Void X		N. 100 (1990)	c Employer's name, address, and ZIP code			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
b Employer identification number (EIN) a Employee's social security number		1		The state of the s				
						1 Wages, tip	ps, other compensation	2 Federal income tax withheld
13 Statutory Retirement plan	t Third-party sick pay					3 Social sec	curity wages	4 Social security tax withheld
12 See instructions for box 12 14 0	Other		e Employee's name	address, and ZIP code		5 Medicare	wages and tips	C.M. II
1 A 1 (1979) 1 A 1								6 Medicare tax withheld
						7 Social Sec	curity Tips	8 Allocated Tips
						10 December	-1 hft-	
						To Depender	nt care benefits	11 Nonqualified plans
15 State Employer's state ID number	16 State wa	ges, tips	, etc.	17 State income tax	18 Local wages, tips, etc.		19 Local income tax	20 Locality name
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