Employee Reference Copy Wage and Tax Statement Corp. Employer use only Control number 01541875 732 **DCMG** G S 24298 c Employer's name, address, and ZIP code

TATA CONSULTANCY SERVICES LIMITED **379 THORNALL STREET** 4TH FLOOR **EDISON, NJ 08837** 

(CORRECTED STATEMENT)

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

SREEDHAR RYALI 4980 USAA BLVD; 634; SAN ANTONIO, TX 78240

b Employer's FED ID number 98-0429806	Employee's SSA number XXX-XX-0002					
1 Wages, tips, other comp.	2 Federal income tax withheld					
110701.97	10086.48					
3 Social security wages	4 Social security tax withheld					
120621.06	7478.51					
5 Medicare wages and tips	6 Medicare tax withheld					
120621.06	1749.01					
7 Social security tips	8 Allocated tips					
9	10 Dependent care benefits					
11 Nonqualified plans	12a See instructions for box 12 C 118.81					
14 Other	12b D 9919.09					
	12c W   1200.00					
	12d DD   5569.21					
	13 Stat emp. Ret, plan 3rd party sick pay					
15 State   Employer's state ID no	. 16 State wages, tips, etc.					
17 State income tax	18 Local wages, tips, etc.					
19 Local income tax	20 Locality name					

Wages, tips, other comp 2 Federal income tax withheld 110701.97 10086.48 3 Social security wages 4 Social security tax withheld 120621.06 7478.51 5 Medicare wages and tips 120621.06 6 Medicare tax withheld 1749.01 d Control number Dept. Corp. Employer use only 01541875 732 **DCMG** G S 24298 c Employer's name, address, and ZIP code

TATA CONSULTANCY SERVICES LIMITED **379 THORNALL STREET** 4TH FLOOR **EDISON, NJ 08837** 

(CORRECTED STATEMENT)

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11	Nonqualified plans	С	instruction	s for box 12 118.81				
14	Other	<sup>12b</sup> D		9919.09				
		12c <b>W</b>		1200.00				
		12d DD		5569.21				
		13 Stat em	p. Ret. plan 3	Brd party sick pay				
Δ/f	Employon's name address	and ZID	codo					

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

SREEDHAR RYALI 4980 USAA BLVD; 634; SAN ANTONIO, TX 78240

	15	State	Employer's state ID no.	16	State wages, tips, etc.			
	17	State	income tax	18 Local wages, tips, etc.				
	19	Local	income tax	20	Locality name			
- 1				_				

Federal Filing Copy Wage and Tax Statement

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

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

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. 123,989.47 GROSS PAY SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2 FED. INCOME 10,086.48 MEDICARE TAX 1,749.01 TAX WITHHELD WITHHELD BOX 02 OF W-2 BOX 06 OF W-2 STATE INCOME TAX 0.00 SUI/SDI 0.00 BOX 17 OF W-2 BOX 14 OF W-2 LOCAL INCOME TAX BOX 19 OF W-2 0.00

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

> > Social Security Number: XXX-XX-0002

2 Federal income tax withheld

10086.48

SREEDHAR RYALI 4980 USAA BLVD; 634; SAN ANTONIO, TX 78240

(CORRECTED STATEMENT)

Copy 2 to be filed with employee's City or Local Income Tax Return.

1 Wages, tips, other comp.

110701.97

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1 Wages, tips, other comp

110701.97

PAGE 1 OF 1

10086.48

2 Federal income tax withheld

110101.31		10000.40		110101.31			10000.40			
3 Social security wages 120621.06		4 Social security tax withheld 7478.51		3 Social	3 Social security wages 120621.06		4 Social security tax withheld 7478.51			
5 Medicare wages and tips 120621.06		6 Medicare tax withheld 1749.01		5 Medica	5 Medicare wages and tips 120621.06			6 Medicare tax withheld 1749.01		
d Control number	Dept.	Corp.	Employer u	se only	d Conti	ol number	Dept.	Corp.	Employer use	only
01541875 732		DCMG	G S 24	298	015418	375 732		DCMG	G S 242	98
c Employer's name, address, and ZIP code						yer's name, a	address, a	nd ZIP co	ode	
TATA CONSULTANCY SERVICES LIMITED 379 THORNALL STREET 4TH FLOOR EDISON, NJ 08837					TATA CONSULTANCY SERVICES LIMITED 379 THORNALL STREET 4TH FLOOR EDISON, NJ 08837					
(CORRECTED STAT	EMENT)				(CORF	ECTED STAT	TEMENT)			
b Employer's FED ID 98-042980	a Employee's SSA number XXX-XX-0002		b Emplo	b Employer's FED ID number 98-0429806			a Employee's SSA number XXX-XX-0002			
7 Social security tips	8 Allocated tips		7 Social	7 Social security tips			8 Allocated tips			
9 10 Dependent co			ndent care ber	nefits	9			10 Depe	ndent care bene	fits
11 Nonqualified plans		12a C	1	118.81	11 Nonq	ualified plans		12a C	11	8.81
14 Other		<sup>12b</sup> D	99	919.09	14 Other			<sup>12b</sup> D	991	9.09
		12c W		200.00				12c W		0.00
		12d DD	55	569.21				12d DD	556	9.21
		13 Stat emp	Ret. plan 3rd pa	rty sick pay				13 Stat em	p. Ret. plan 3rd part	y sick pa
e/f Employee's name,	address	and ZIP c	ode		e/f Empl	oyee's name,	address	and ZIP o	ode	
SREEDHAR R	YALI				SREI	EDHAR F	RYALI			
4980 USAA BL\	/D; 634;				4980	4980 USAA BLVD; 634;				
SAN ANTONIO,	TX 782	240			SAN	ANTONIO	TX 782	240		
15 State Employer's s	state ID no	. 16 State	wages, tips, e	tc.	15 State	Employer's	state ID no.	16 State	wages, tips, etc.	
17 State income tax	7 State income tax 18 Local wages, tips, etc.			17 State	17 State income tax			18 Local wages, tips, etc.		
19 Local income tax 20 Locality name			ity name		19 Local	19 Local income tax			20 Locality name	
W-2 State	Filing /age an Statem	d Tax	20	23	W	City or W	Local lage an Statem	d Tax	<sup>copy</sup> <b>202</b>	23