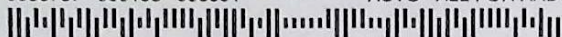


Infosys Limited
 2400 N. Glenville Drive, STE C150
 Richardson, TX 75082

0053737**000138**000001*****AUTO**ALL FOR AADC 553**3



SESHAGIRI RAO NOOKALA
 1242 MAPLE LN
 CARVER MN 55315-4417

0053737

600120

Form **1095-C** **Employer-Provided Health Insurance Offer and Coverage** VOID CORRECTED

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.

OMB No. 1545-2251
2023

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) seshagiri rao nookala		2 Social security number (SSN) xxx-xx-6271		7 Name of employer Infosys Limited		8 Employer identification number (EIN) 58-1760235	
3 Street address (including apartment no.) 1242 Maple Ln				9 Street address (including apartment no.) 2400 N. Glenville Drive, STE C150		10 Contact telephone number 214-306-2115	
4 City or town Carver		5 State or province MN	6 Country and ZIP or foreign postal code USA 55315	11 City or town Richardson		12 State or province TX	13 Country and ZIP or foreign postal code USA 75082

Part II Employee Offer and Coverage	Employee's Age on January 1												Plan Start Month: 04		
	All 12 Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec		
14 Offer of Coverage (enter required code) 1E															
15 Employee Required Contribution (see instructions) \$	\$	\$132.47	\$132.47	\$132.47	\$112.20	\$112.20	\$112.20	\$112.20	\$112.20	\$112.20	\$112.20	\$112.20	\$112.20	\$112.20	\$112.20
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 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	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
18 seshagiri rao nookala	xxx-xx-6271		<input checked="" 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"/>
19 sreevalli viswanatha	xxx-xx-4074		<input checked="" 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 shandilya nookala	150771836		<input checked="" 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 Aaditya nookala	xxx-xx-1836		<input checked="" 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"/>
24			<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"/>
25			<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"/>
26			<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"/>



0053737

THE HUNTINGTON NATIONAL BANK
P.O. BOX 1558 GW4W52
COLUMBUS, OH 43216

IF YOU HAVE QUESTIONS CONTACT:
PHONE: 800-480-2265



TEP00405480_20159_40317 1 of 2

SREEVALI VISWANATHA
1242 MAPLE LN
CARVER, MN 55315-4417

Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the Instructions for Form 8949. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer must generally report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did not notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You may also have a filing requirement. See the Instructions for Form 8938.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during the calendar year on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912. See the instructions above for a taxable covered security acquired at a premium.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the Instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. This amount is included in box 1. Note: This amount is not deductible.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040 or 1040-SR. See your tax return instructions.

Box 7. Shows the country or U.S. possession to which the foreign tax was paid.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. See how to report this amount in the Instructions for Form 1040. This amount may be subject to backup withholding. See Box 4 above. See the

instructions above for a tax-exempt covered security acquired at a premium.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the Instructions for Form 6251. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 10. For a taxable or tax-exempt covered security, if you made an election under section 1278(b) to include market discount in income as it accrues and you notified your payer of the election in writing in accordance with Regulations section 1.6045-1(n)(5), shows the market discount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099-OB. For a taxable or tax-exempt covered security acquired on or after January 1, 2015, accrued market discount will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to make a constant yield election for market discount under section 1276(b). Report the accrued market discount on your income tax return as directed in the Instructions for Forms 1040. Market discount on a tax-exempt security is includable in taxable income as interest income.

Box 11. For a taxable covered security (other than a U.S. Treasury obligation), shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the Instructions for Schedule B (Form 1040) to determine the net amount of interest includable in income on Form 1040 or 1040-SR with respect to the security. If an amount is not reported in this box for a taxable covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in box 11 is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(e)(4).

Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the Instructions for Schedule B (Form 1040) to determine the net amount of interest includable in income on Form 1040 or 1040-SR with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 3. If the amount in box 12 is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(e)(4).

Box 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to determine the net amount of tax-exempt interest reportable on Form 1040 or 1040-SR. If an amount is not reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest in box 8 or 9, whichever is applicable. If the amount in box 13 is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(e)(4)(ii).

Box 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bond(s).

Boxes 15-17. State tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1098 with the Internal Revenue Service Center for your area. On Form 1098, list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099INT.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

		CORRECTED (if checked)			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. THE HUNTINGTON NATIONAL BANK 41 S. HIGH ST HC0910 COLUMBUS, OH 43215-3406		Payer's RTN (optional)	OMB No. 1545-0112	2023 Form 1099-INT	
800-480-2265		1 Interest income			
		\$ 3,022.67		Interest Income	
		2 Early withdrawal penalty			
		\$		Copy B For Recipient	
		3 Interest on U.S. Savings Bonds and Treasury obligations			
		\$		This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
PAYER'S TIN	RECIPIENT'S TIN	4 Federal income tax withheld	5 Investment expenses		
30-0537225	XXX-XX-4074	\$	\$		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code SREEVALI VISWANATHA 1242 MAPLE LN CARVER, MN 55315-4417		6 Foreign tax paid	7 Foreign country or U.S. possession		
		\$			
		8 Tax-exempt interest	9 Specified private activity bond interest		
		\$	\$		
		10 Market discount	11 Bond premium		
		\$	\$		
		12 Bond premium on Treasury obligations	13 Bond premium on tax-exempt bond		
		\$	\$		
Account number (see instructions)		14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State identification no.	17 State tax withheld
			MN	7617707	\$

Form 1099-INT

(keep for your records)

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service



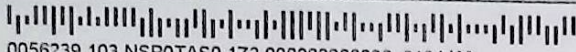


P.O. BOX 44921
 INDIANAPOLIS IN 46244-4921

**Tax Year 2023 Form 1099-INT
 Interest Income (Copy B)**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Recipient's Information



0056239 103 NSP0TAS0 123 000000000000 0121 W

SREEVALI VISWANATHA
 1242 MAPLE LN
 CARVER MN 55315-4417

Payer's Information

Federal ID Number: 13-4994650
 JPMORGAN CHASE BANK, N.A.
 RETAIL DEPOSIT ACCOUNTS WISCONSIN ECD

COPIES OF YOUR 2023 FORM 1099 STATEMENTS
 ARE AVAILABLE ONLINE AT WWW.CHASE.COM

Form 1099-INT Questions

Phone Support: 1-800-935-9935



010401700710356239000100000000

Recipient's ID Number: XXX-XX-4074

Original

Summary of Form 1099-INT Interest Income

(OMB No. 1545-0112)

Box	Description	Amount	Box	Description	Amount
1.	Interest income	\$300.25	9.	Specified private activity bond interest	\$0.00
2.	Early withdrawal penalty	\$0.00	10.	Market discount	\$0.00
3.	Interest on U.S. Savings Bonds and Treasury Obligations	\$0.00	11.	Bond premium	\$0.00
4.	Federal income tax withheld	\$0.00	12.	Bond premium on Treasury obligations	\$0.00
5.	Investment expenses	\$0.00	13.	Bond premium on tax-exempt bond	\$0.00
6.	Foreign tax paid	\$0.00	14.	Tax-exempt and tax credit bond CUSIP no.	(See Details)
7.	Foreign country or U.S. possession	(See Details)	15.	State	(See Details)
8.	Tax exempt interest	\$0.00	16.	State identification no.	(See Details)
			17.	State tax withheld	(See Details)
				FATCA Filing requirement	(See Details)

Details of Form 1099-INT Interest Income

(OMB No. 1545-0112)

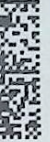
Account Number	Account Description	Box #1 Interest income	Box #2 Early withdrawal penalty	Box #3 Interest on U.S. Savings Bonds and Treas. Obligations	Other Boxes	
570511975	CHECKING	\$300.01	\$0.00	\$0.00	#15 State	MN
	INCLUDES CASH BONUS(ES) OF \$300.00				FATCA Filing requirement	NO
5021511573	SAVINGS	\$0.24	\$0.00	\$0.00	#15 State	MN
					FATCA Filing requirement	NO



P.O. BOX 44921
INDIANAPOLIS IN 46244-4921

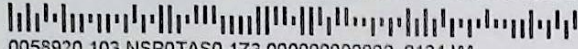
**Tax Year 2023 Form 1099-INT
Interest Income (Copy B)**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.



010401700710358920000100000000

Recipient's Information



0058920 103 NSPOTAS0 1Z3 000000000000 0121 W

VALLISESHU IT SERVICES LLC
1242 MAPLE LN
CARVER MN 55315-4417

Payer's Information

Federal ID Number: 13-4994650
JPMORGAN CHASE BANK, N.A.
RETAIL DEPOSIT ACCOUNTS WISCONSIN ECD

COPIES OF YOUR 2023 FORM 1099 STATEMENTS
ARE AVAILABLE ONLINE AT WWW.CHASE.COM

Form 1099-INT Questions

Phone Support: 1-800-935-9935

Recipient's ID Number: XX-XXX6903

Original

Summary of Form 1099-INT Interest Income

(OMB No. 1545-0112)

Box	Description	Amount	Box	Description	Amount
1.	Interest income	\$300.00	9.	Specified private activity bond interest	\$0.00
2.	Early withdrawal penalty	\$0.00	10.	Market discount	\$0.00
3.	Interest on U.S. Savings Bonds and Treasury Obligations	\$0.00	11.	Bond premium	\$0.00
4.	Federal income tax withheld	\$0.00	12.	Bond premium on Treasury obligations	\$0.00
5.	Investment expenses	\$0.00	13.	Bond premium on tax-exempt bond	\$0.00
6.	Foreign tax paid	\$0.00	14.	Tax-exempt and tax credit bond CUSIP no.	(See Details)
7.	Foreign country or U.S. possession	(See Details)	15.	State	(See Details)
8.	Tax exempt interest	\$0.00	16.	State identification no.	(See Details)
			17.	State tax withheld	(See Details)
				FATCA Filing requirement	(See Details)

Details of Form 1099-INT Interest Income

(OMB No. 1545-0112)

Account Number	Box #1 Interest income	Box #2 Early withdrawal penalty	Box #3 Interest on U.S. Savings Bonds and Treas. Obligations	Other Boxes	
951977193	\$300.00	\$0.00	\$0.00	#15 State	MN
CHECKING				FATCA Filing requirement	NO
INCLUDES CASH BONUS(ES) OF \$300.00					



Employee Reference Copy W-2 Wage and Tax Statement 2023

Copy C for employer's records. Control number 288886 LOS2/XAW Dept. Corp. Employer use only A 11845

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

Batch #03088

Employee's name, address, and ZIP code SESHAGIRI RAO NOOKALA 1242 MAPLE LN CARVER MN 55315-4417

Table with 20 rows containing tax and wage information: 1 Wages, tips, other comp. 2 Federal income tax withheld, 3 Social security wages, 4 Social security tax withheld, 5 Medicare wages and tips, 6 Medicare tax withheld, 7 Social security tips, 8 Allocated tips, 10 Dependent care benefits, 11 Nonqualified plans, 12a See instructions for box 12, 12b D, 12c W, 12d DD, 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.

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.

Table with 5 columns: Wages, Tips, other Compensation Box 1 of W-2, Social Security Wages Box 3 of W-2, Medicare Wages Box 5 of W-2, MN. State Wages, Tips, Etc. Box 16 of W-2. Rows include Gross Pay, Plus GTL (C-Box 12), Less 401(k) (D-Box 12), Less Other Cafe 125, Less Cafe 125 HSA (W-Box 12), and Reported W-2 Wages.

2. Employee Name and Address.

SESHAGIRI RAO NOOKALA 1242 MAPLE LN CARVER MN 55315-4417

© 2023 ADP, Inc.

Fold and Detach Here

Summary table with 6 rows: 1 Wages, tips, other comp. 2 Federal income tax withheld, 3 Social security wages, 4 Social security tax withheld, 5 Medicare wages and tips, 6 Medicare tax withheld.

Control number 288886 LOS2/XAW Dept. Corp. Employer use only A 11845

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

Employer's FED ID number 58-1760235 Employee's SSA number XXX-XX-6271

Social security tips, Allocated tips, Dependent care benefits, Nonqualified plans, Other (12b D, 12c W, 12d DD, 13 Stat emp, Ret. plan, 3rd party sick pay).

Employee's name, address and ZIP code SESHAGIRI RAO NOOKALA 1242 MAPLE LN CARVER MN 55315-4417

Table with 4 rows: 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.

Federal Filing Copy W-2 Wage and Tax Statement 2023

Summary table with 6 rows: 1 Wages, tips, other comp. 2 Federal income tax withheld, 3 Social security wages, 4 Social security tax withheld, 5 Medicare wages and tips, 6 Medicare tax withheld.

Control number 288886 LOS2/XAW Dept. Corp. Employer use only A 11845

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

Employer's FED ID number 58-1760235 Employee's SSA number XXX-XX-6271

Social security tips, Allocated tips, Dependent care benefits, Nonqualified plans, Other (12a C, 12b D, 12c W, 12d DD, 13 Stat emp, Ret. plan, 3rd party sick pay).

Employee's name, address and ZIP code SESHAGIRI RAO NOOKALA 1242 MAPLE LN CARVER MN 55315-4417

Table with 4 rows: 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.

MN.State Reference Copy W-2 Wage and Tax Statement 2023

Summary table with 6 rows: 1 Wages, tips, other comp. 2 Federal income tax withheld, 3 Social security wages, 4 Social security tax withheld, 5 Medicare wages and tips, 6 Medicare tax withheld.

Control number 288886 LOS2/XAW Dept. Corp. Employer use only A 11845

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

Employer's FED ID number 58-1760235 Employee's SSA number XXX-XX-6271

Social security tips, Allocated tips, Dependent care benefits, Nonqualified plans, Other (12a C, 12b D, 12c W, 12d DD, 13 Stat emp, Ret. plan, 3rd party sick pay).

Employee's name, address and ZIP code SESHAGIRI RAO NOOKALA 1242 MAPLE LN CARVER MN 55315-4417

Table with 4 rows: 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.

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

FOLD AND DETACH HERE

FOLD AND DETACH HERE

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.

	Federal Box 1	Soc. Sec. Box 3 and 7	Medicare Box 5
Gross Wages	121730.90	121730.90	121730.90
Txbl Benefits			
Group Term Life	86.45	86.45	86.45
Adoption			
Deferred Comp			
Section 125	(5361.46)	(5361.46)	(5361.46)
Other Pretax/Wage Limit			
W-2 Wages	116455.89	116455.89	116455.89

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.

a Employee's social security number 768-54-4074		b Employer identification number (EIN) 88-2146964		d Control number 000017949301		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 PF I Carrus Services 5051 Peachtree Corners Circle, Suite 200 Norcross GA 30092 USA				1 Wages, tips, other compensation 116455.89		2 Federal income tax withheld 15617.72	
				3 Social security wages 116455.89		4 Social security tax withheld 7220.27	
				5 Medicare wages and tips 116455.89		6 Medicare tax withheld 1688.61	
e Employee's first name and initial Sreevalli		Last name Viswanatha		Suff.		7 Social security tips	
f Employee's address and ZIP code Carver MN 55315 USA						8 Allocated tips	
						9	
						10 Dependent care benefits	
						11 Nonqualified plans	
						12a See instructions for box 12 Code C 86.45	
15 State MN	Employer's state ID Number 8422951	16 State wages, tips, etc. 116455.89	17 State income tax 6808.70	13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b Code DD 16379.09 12c Code 12d Code
18 Local wages, tips, etc.		19 Local income tax		20 Locality name		14 Other	

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

a Employee's social security number 768-54-4074		b Employer identification number (EIN) 88-2146964		d Control number 000017949301		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 PF I Carrus Services 5051 Peachtree Corners Circle, Suite 200 Norcross GA 30092 USA				1 Wages, tips, other compensation 116455.89		2 Federal income tax withheld 15617.72	
				3 Social security wages 116455.89		4 Social security tax withheld 7220.27	
				5 Medicare wages and tips 116455.89		6 Medicare tax withheld 1688.61	
e Employee's first name and initial Sreevalli		Last name Viswanatha		Suff.		7 Social security tips	
f Employee's address and ZIP code Carver MN 55315 USA						8 Allocated tips	
						9	
						10 Dependent care benefits	
						11 Nonqualified plans	
						12a See instructions for box 12 Code C 86.45	
15 State MN	Employer's state ID Number 8422951	16 State wages, tips, etc. 116455.89	17 State income tax 6808.70	13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b Code DD 16379.09 12c Code 12d Code
18 Local wages, tips, etc.		19 Local income tax		20 Locality name		14 Other	

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

a Employee's social security number 768-54-4074		b Employer identification number (EIN) 88-2146964		d Control number 000017949301		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	
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f Employee's address and ZIP code Carver MN 55315 USA						8 Allocated tips	
						9	
						10 Dependent care benefits	
						11 Nonqualified plans	
						12a See instructions for box 12 Code C 86.45	
15 State MN	Employer's state ID Number 8422951	16 State wages, tips, etc. 116455.89	17 State income tax 6808.70	13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b Code DD 16379.09 12c Code 12d Code
18 Local wages, tips, etc.		19 Local income tax		20 Locality name		14 Other	

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

W-2 Federal Filing Copy Wage and Tax Statement **2023**
Copy B to be filed with employee's Federal Income Tax Return

1 Wages, tips, other comp.	103081.01	2 Federal income tax withheld	5924.23
3 Social security wages	108199.19	4 Social Security tax withheld	6708.35
5 Medicare wages and tips	108199.19	6 Medicare tax withheld	1568.89
d Control number	Employer use only		
c Employer's name, address, and ZIP code MEDICAL SOLUTIONS, LLC 1010 N. 102ND STE 300 OMAHA NE 68114			
b Employer's FED ID number	91-2184792	a Employee's SSA number	XXX-XX-4074
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	C 2.54
14 Other		12b D	5118.18
		12c	
		12d	
		13 Stat emp Ret. plan 3rd party sick pay	X
e Employee's name, address, and ZIP code SREEVALLI VISWANATHA 1242 MAPLE LN CARVER MN 55315			
15 State MN	Employer's state ID no. 7135674	16 State wages, tips, etc.	103081.01
17 State income tax	4488.57	18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2 State, City, Local Filing Copy Wage and Tax Statement **2023**
Copy 2 to be filed with employee's State/City/Local Income Tax Return

1 Wages, tips, other comp.	103081.01	2 Federal income tax withheld	5924.23
3 Social security wages	108199.19	4 Social Security tax withheld	6708.35
5 Medicare wages and tips	108199.19	6 Medicare tax withheld	1568.89
d Control number	Employer use only		
c Employer's name, address, and ZIP code MEDICAL SOLUTIONS, LLC 1010 N. 102ND STE 300 OMAHA NE 68114			
b Employer's FED ID number	91-2184792	a Employee's SSA number	XXX-XX-4074
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	C 2.54
14 Other		12b D	5118.18
		12c	
		12d	
		13 Stat emp Ret. plan 3rd party sick pay	X
e Employee's name, address, and ZIP code SREEVALLI VISWANATHA 1242 MAPLE LN CARVER MN 55315			
15 State MN	Employer's state ID no. 7135674	16 State wages, tips, etc.	103081.01
17 State income tax	4488.57	18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2 State, City, Local Filing Copy Wage and Tax Statement **2023**
Copy 2 to be filed with employee's State/City/Local Income Tax Return

1 Wages, tips, other comp.	103081.01	2 Federal income tax withheld	5924.23
3 Social security wages	108199.19	4 Social Security tax withheld	6708.35
5 Medicare wages and tips	108199.19	6 Medicare tax withheld	1568.89
d Control number	Employer use only		
c Employer's name, address, and ZIP code MEDICAL SOLUTIONS, LLC 1010 N. 102ND STE 300 OMAHA NE 68114			
b Employer's FED ID number	91-2184792	a Employee's SSA number	XXX-XX-4074
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
14 Other		12b	
		12c	
		12d	
		13 Stat emp Ret. plan 3rd party sick pay	X
e Employee's name, address, and ZIP code SREEVALLI VISWANATHA 1242 MAPLE LN CARVER MN 55315			
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	

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2 Employee Reference Copy Wage and Tax Statement **2023**
Copy C for Employee Records

1 Wages, tips, other comp.	103081.01	2 Federal income tax withheld	5924.23
3 Social security wages	108199.19	4 Social Security tax withheld	6708.35
5 Medicare wages and tips	108199.19	6 Medicare tax withheld	1568.89
d Control number	Employer use only		
c Employer's name, address, and ZIP code MEDICAL SOLUTIONS, LLC 1010 N. 102ND STE 300 OMAHA NE 68114			
b Employer's FED ID number	91-2184792	a Employee's SSA number	XXX-XX-4074
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	C 2.54
14 Other		12b D	5118.18
		12c	
		12d	
		13 Stat emp Ret. plan 3rd party sick pay	X
e Employee's name, address, and ZIP code SREEVALLI VISWANATHA 1242 MAPLE LN CARVER MN 55315			
15 State MN	Employer's state ID no. 7135674	16 State wages, tips, etc.	103081.01
17 State income tax	4488.57	18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

2023 W-2 and EARNINGS SUMMARY

You can file your U.S. federal and state taxes with TurboTax directly from your company's employee self-service system. To take advantage of this convenient feature you can log in to your UltiPro portal, view your Form W-2, and click on the Export to TurboTax link. You can also get started with TurboTax directly by scanning the QR code or by typing this into your web browser:
<https://turbotax.intuit.com/affiliate/ultipaper>

This Earning Summary section is included with your W-2 to help describe portions in more detail.

1. The following information reflects your final pay statement plus employer adjustments that comprise your W-2 statement

Earnings Description	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages
Gross Wages	108199.19	108199.19	108199.19
Less Exempt Wages			
Less Deferred Comp	5118.18		
Less Housing/Transportation			
Less Dependent Care			
Less Sec 125			
Less Excess Wages			
Taxable Wages (Reported on Form W-2)	103081.01 Box 1 of W-2	108199.19 Box 3 of W-2	108199.19 Box 5 of W-2

2. Employee W-4 Profile To change your employee W-4 profile information, file a new W-4 with the payroll department

FIT: U 0 **SIT Res:** MNSIT M 3 **SIT Work:** MNSIT M 3