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

CARVER MN 55315-4417

P00750

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Form 1095-C			Linp	loyer i	OVIC								OID						
Department of the	Coverage											ORR	ECTE		20	02	3		
Department of the  ➤ Do not attach to your tax returned Penerus Senice  ➤ Go to www.irs.gov/Form1095C for in			return. Kee	p for y	our ro	cords Linformati	on												
Internal Revenue Service Go to www.irs.gov/Form1095C To Instruct					i ilisa deadris	GIA GA				o En	anlove	r Me	mher	Emr	olovei	.)			
	ployee	usidata laikat I	ant income)	2 Casial as	ouribe n	number (SSI	ND .	Applicable Large Employer Member (Employer)  7 Name of employer  8 Employer identification number (EIN						(EIN)					
Name of employerseshagiri rao		nookala	ast name)	xxx-xx-62	A CONTRACTOR OF THE PARTY OF TH	iumber (55)	"	Infosys							58-1760235				
3 Street address ( 1242 Maple Ln	including apar	tment no.)								s (includin le Drive, S		nt no		1	10 Contact telephone number 214-306-2115			onetal	
4 City or town		5 State or pro	vince	6 Country code	and ZIF	or foreign	postal	11 City o	r town				12 State or 13 Country and ZIP or foreign postal province code			203161			
Carver	M	N		USA 553	15		Richardson					USA 75082							
Part II Em	ployee O	ffer and C	coverac	ie .		Employ	ee's Age	on Jai	nuary	/1		Pla	an Star	t Mor	nth: 04				
14 Offer of	All 12 Months		Feb		r	Apr	May	Ju	n	Jul	A	Jg .	Sep	ot	Oct	-	Nov	0	ec
Coverage (enter required code)	1E										_					-		-	
15 Employ ee													****		112.20		12.20	\$ 112.	20
Required Contribution (see instructions)	\$	\$132.47	\$132.47	\$132.47	\$	112.20	\$112.20	\$112.20		\$112.20	\$ 112.2	(0	\$112.20		112.20	3 .	12.20	3 112	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C																		
17 ZIP Code																			
	ered Indiv	viduals If	Employer p	rovided self-ins		ob (If SSN	k the box and d		informa	ition for eac	ch individua		Months of			ie empt	oyee	X	
(a) Name of covered indiname, middle initial, last i	ividual(s) First name	(b)	SSN or oth	ner TIN	or o	ther TIN is	all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
_		xxx-xx-6	2071		nota	av ailable)	X												
18seshagiri rao	nookala																		
19sreevalli	viswanatha	XXX-XX-4	100 to 10				X		Е										
20shandilya	nookala	150771								-									
21 Aaditya	nookala	xxx-xx-	1836							-									
22							1 7			_									
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24					-														
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26											Cat. No.		M .				Form	n 1095-0	(2023)
For Privacy Act an	nd Paperwork	Reduction A	Act Notice	, see separ	ate ins	tructoris.													



### IF YOU HAVE QUESTIONS CONTACT:

PHONE: 800-480-2265

TEP00405480 20159 40317 1 of 2

SREEVALLI VISWANATHA 1242 MAPLE LN CARVER, MN 55315-4417

Instructions for Recipient

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 emorate the premium under section 171, or for a tax-exempt covered security acquired at premium, your payer must generally report either (1) a not amount of interest that reflects the offset of the amount of interest poid to you and the premium emoritation allocable to the payment(s), or (2) a gross amount of other than the interest poid to you and the premium emoritation allocable to the payment(s), if you did notify your payer that you did not want to amount of premium emoritation allocable to the payment(s). If you did notify your payer that you did not want to amount of the premium on a taxable covered security, they our payer is only required to report the gross amount of interest paid to you.

Recipient: a 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 (TIN), adeption taxpayer complete TIN to the IRS.

FATCA filling requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to setilify 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 credit from deen renewable energy bonds, new cleen renewable energy bonds, qualified sendery conservation bonds, qualified sendery consentation bonds, and build America bonds that must be included in y

and December 15), For more information, see Form 8912. See the instructions above for a taxable covered sec-sequired 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 herest on U.S. Savings Bonds, Tressury bills, Tressury bonds, and Tressury 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 not clidded in box 1. See the instructions below for a taxable covered security sequired 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 IN to the payer. See Form W-9. Include this amount on unicome tax return as tax

in box 1. Note: This emount is not deductible.

Box 6. Shows foreign tax peld. 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 peld.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. See how to report this amount 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 625 1. See the instructions sove 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 1.278(b) to include market discount in income as it accrues and you notified your payer of the election in writing in excordance with Regulations section 1.6045-fin(is), shows the market discount that excrued on the debt instrument during the year while held by you, unless it was reported on form 1099-01D, 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 besis unless a constant yield election for market discount under section 1.279(b). Report the accrued market discount on a tax-exempt security is includible in taxable income tax return as discreted in the Instructions for Forms 1040. Market discount on a tax-exempt security is includible in taxable income as interest income.

Box 11, For a taxable covered security jointer than a U.S. Tressury obligation, shows the emount of premium amortization ellocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.045±1(n)[5] that you did not want to amortize bond premium under section 17.1, then emount of premium amortization ellocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.045±1(n)[5] that you did not want to tamestrate but a premium under section 17.1, then accordance with Regulations section 1.045±1 (n) and the payer in writing in accordance with Regulations section 1.171-2(s)(4).

Box 12, For a U.S. Treasury obligation that is a covered security and on the covered security, shows the amount of interest includible in income on Form 1040 or 1040-SR with

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

Form 1099-INT

(keep for your records)

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service





CARVER MN 55315-4417

P.O. BOX 44921 INDIANAPOLIS IN 46244-4921

#### Recipient's Information

Ipill|| Inill|| Ipill|| Ipill|

# 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.

### 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 II	D Number:	XXX-XX-4074
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#### Original

Box	mary of Form 1099-INT Intere Description		Amount	Box	Description		(OMB No. 1545-0112
1.	Interest income		\$300.25	9.	Specified private act	ivity band interest	Amount
2.	Early withdrawal penalty		\$0.00	10.	Market discount	ivity bond interest	\$0.00
3.			φ0.00	11.	Bond premium		\$0.00
	Treasury Obligations		\$0.00	12.		annum al-li-ali-a-	\$0.00
Federal income tax withheld     Investment expenses     Foreign tax paid		\$0.00 \$0.00		Bond premium on Tr	\$0.00		
			13.	Bond premium on tax	\$0.0 (See Details		
			14.	Tax-exempt and tax			
7.	Foreign country or U.S. possession	_	\$0.00	15.	State		(See Details)
3.	Tax exempt interest	11	(See Details)	16.	State identification no	0.	(See Details)
	rax exempt interest		\$0.00	17.	otato tan minimola		(See Details)
D - 4	U 65 4000 WELL				FATCA Filing require	ment	(See Details)
	ils of Form 1099-INT Interest						(OMB No. 1545-0112)
Acco	unt Description	x #1 Interest income	Box #2 withdrawal p			Other Boxes	
	1975	\$300.01		\$0.00	\$0.00	#15 State	MN
	KING					FATCA Filing requirement	NO
NCLU	JDES CASH BONUS(ES) OF \$300.00						NO
	11573	\$0.24		\$0.00	\$0.00	#15 State	MN
AVIN	GS					FATCA Filing requirement	NO



P.O. BOX 44921 INDIANAPOLIS IN 46244-4921

### Recipient's Information

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

# 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.

#### 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

nterest income Early withdrawal penalty Interest on U.S. Savings Bonds a Freasury Obligations Federal income tax withheld Investment expenses	nd	\$300.00 \$0.00 \$0.00 \$0.00	9. 10. 11. 12.	Description Specified private action Market discount Bond premium Bond premium on Tree		Amoun \$0.00 \$0.00 \$0.00	
nterest on U.S. Savings Bonds a Freasury Obligations Federal income tax withheld	nd	\$0.00	11.	Market discount Bond premium		\$0.00	
Freasury Obligations Federal income tax withheld	nd	\$1000 E					
Federal income tax withheld		\$1000 E	12			45.51	
		\$0.00			Bond premium on Treasury obligations		
nvestment expenses			13.	Bond premium on tax	\$0.00 \$0.00		
		\$0.00	14.	Tax-exempt and tax credit bond CUSIP no		(See Details)	
<ul><li>Foreign tax paid</li><li>Foreign country or U.S. possession</li><li>Tax exempt interest</li></ul>		\$0.00				(See Details)	
		(See Details)	16.	State identification no	0.	(See Details)	
		\$0.00	17.			(See Details)	
				FATCA Filing require	ment	(See Details)	
s of Form 1099-INT Interest	Income					(OMB No. 1545-0112)	
nt Number B nt Description	ox #1 Interest income			Box #3 Interest on U.S. Savings Bonds and Treas. Obligations	Other Boxes		
193	\$300.00		\$0.00	\$0.00	#15 State	MN	
NG					FATCA Filing requirement	NO	
	Foreign tax paid Foreign country or U.S. possession Foreign country or U.S. possession Foreign country or U.S. possession Foreign to U.S. possession Foreign to U.S. possession Foreign to U.S. possession Foreign to U.S. possession Foreign tax paid Foreign tountry or U.S. possession Forei	foreign tax paid foreign country or U.S. possession fax exempt interest  s of Form 1099-INT Interest Income at Number Box #1 Interest income  93 \$300.00	rovestment expenses \$0.00 Foreign tax paid \$0.00 Foreign country or U.S. possession (See Details) Fax exempt interest \$0.00  For of Form 1099-INT Interest Income  Int Number Box #1 Interest Income  Int Description Income withdrawal page 193  Sample 193  Samp	rovestment expenses \$0.00 14. Foreign tax paid \$0.00 15. Foreign country or U.S. possession (See Details) 16. Fax exempt interest \$0.00 17.  See of Form 1099-INT Interest Income to Number Box #1 Interest income with Description Income with drawal penalty withdrawal penalty \$0.00 NG	Foreign tax paid Solution of the second state	sorieign tax paid \$0.00 15. State foreign country or U.S. possession (See Details) 16. State identification no.  Sax exempt interest \$0.00 17. State tax withheld FATCA Filing requirement  Sof Form 1099-INT Interest Income  at Number Box #1 Interest income  at Number Box #1 Interest income  at Description withdrawal penalty withdrawal penalty withdrawal penalty  Box #2 Early withdrawal penalty Box #3 Interest on U.S. Savings Bonds and Treas.  Obligations  93 \$300.00 \$0.00 \$0.00 #15 State  FATCA Filing requirement	

Employee Reference Copy Wage and Tax Statement ppy C for employee's records

d Control number Dept 288886 LOS2/XAW

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

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

SESHAGIRI RAO NOOKALA 1242 MAPLE LN **CARVER MN 55315-4417** 

b Employer's FED ID number 58-1760235	a Employee's SSA number XXX-XX-6271			
1 Wages, tips, other comp.	2 Federal income tax withheld			
125110.40	8035.15			
3 Social security wages 145253.50	4 Social security tax withheld 9005,72			
5 Medicare wages and tips 145253.50	6 Medicare tax withheld 2106,18			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a See instructions for box 12			
14 Other	12b D 20143.10			
	12c WI 1500,00			
	12d DD 11623.62			
	13 Stat emp. Ret. plan 3rd party sick pay			
15 State Employer's state ID n	o. 16 State wages, tips, etc.			
MN 3501875	125110.40			
17 State income tax 5649.59	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.

	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
Gross Pay	152,654.84	152,654.84	152,654,84	152,654.84
Plus GTL (C-Box 12)	45.14	45.14	45.14	45.14
Less 401(k) (D-Box 12)	20, 143. 10	N/A	N/A	20, 143, 10
Less Other Cafe 125	5,946.48	5,946.48	5.946.48	5,946.48
Less Cafe 125 HSA (W-Box 12)	1,500.00	1,500.00	1,500.00	1,500.00
Reported W-2 Wages	125,110.40	145,253.50	145,253.50	125,110.40

2. Employee Name and Address.

SESHAGIRI RAO NOOKALA 1242 MAPLE LN CARVER MN 55315-4417

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omp. 0.40	2 Federa	al income tax withheld 8035.15	
3.50	4 Social security tax withheld 9005.72 6 Medicare tax withheld 2106.18		
tips 3.50			
Dept	Corp.	Employer use only A 11845	
	0.40 3.50 tips 3.50	3.50 4 Social 3.50 6 Medica 3.50	

INFOSYS LIMITED 2400 N GLENVILLE DR C150 **RICHARDSON TX 75082** 

58-1760235	mber a Employee's SSA number XXX-XX-6271
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 45.14
14 Other	12b D <sub>1</sub> 20143.10
	12c W 1500.00
	12d DD 11623.62
	13 Stat emp. Ret. plan 3rd party sick pa

SESHAGIRI RAO NOOKALA

1242 MAPLE LN CARVER MN 55315-4417

5 State Employer's state ID no MN 3501875		16 State wages, tips, etc. 125110.40		
17 State income	tax 5649.59	18 Local wages, tips, etc.		
19 Local income tax		20 Locality name		

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return.

1	Wages, tips, other co		2 Feder	al income	tax withheld 8035.15
3 Social security wages 145253.50			0 4 Social security tax wit		
5	Medicare wages and 14525	6 Medicare tax withheld 2106.			
d 28	Control number 8886 LOS2/XAW	Dept	Corp.	Empl A	oyer use only 11845

Fold and Detach Here

INFOSYS LIMITED 2400 N GLENVILLE DR C150 RICHARDSON TX 75082

b	Employer's FED ID number 58-1760235	a Employee	's SSA number X-XX-6271
7	Social security tips	8 Allocated	
9		10 Depender	nt care benefits
11	Nonqualified plans	12a C	45.14
14	Other	12b D	20143.10
		12c W	1500.00
		12d DD	11623.62
		13 Stat emp. Ro	t plan 3rd party sick pay

SESHAGIRI RAO NOOKALA 1242 MAPLE LN CARVER MN 55315-4417

15 State Employer's state ID no. MN 3501875	16 State wages, tips, etc. 125110.40
17 State income tax 5649.59	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

MN.State Reference Copy 2 Wage and Tax Copy 2 to be filed with employee's State Income Tax Return. No. 1545-0008

1	Wages, tips, other co		2	Federa	I income	tax withheld 8035.15
3	Social security wage 14525		4	Social	security t	ax withheld 9005.72
5	Medicare wages and 14525	tips 3.50	6			
d 28	Control number 88886 LOS2/XAW	Dept		Corp.	Emple A	oyer use only 11845

c Employer's name, address, and ZIP code

INFOSYS LIMITED 2400 N GLENVILLE DR C150 RICHARDSON TX 75082

b	58-1760235	a Employee's SSA number XXX-XX-6271		
7	Social security tips	8 Allocated tips		
9		10 Dependent care benefits		
11	Nonqualified plans	12a C   45.14		
14	Other	12b D   20143.10		
		12c W 1500.00		
		12d DD 11623.62		
		13 Stat emp. Ret. plan 3rd party sic	k pay	

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

1242 MAPLE LN CARVER MN 55315-4417

IV	State Employer's state ID no. 3501875	16 State wages, tips, etc. 125110.40
	5649.59	18 Local wages, tips, etc.
19	Local income tax	20 Locality name

MN.State Filing Copy Wage and Tax

Copy 2 to be filed with employee's State Income Tax Return. No. 1545-

				THE RESERVE OF THE PERSON NAMED IN COLUMN TWO	STATE OF THE PERSON NAMED IN		
our copies of your W-2 a orations. General instruc	re on this page separated ctions for these forms.		Gross Wages	Federal Box 1	Soc. Se	c. Box 3 and 7	Medicare Box 5
uding an explanation of are printed on the revers	the letter codes used in bo		xbl Benefits	121730.90		121730.90	121730.90
the right is information v	which shows your total was		Group Term Life Adoption	86.45		86.45	86,45
W-2 box and the amount	of any Nor other pretax deduction	1	Deferred Comp Section 125	(5361.46)		15001 101	
at were subtracted from t	total wages to arrive at you	ır W-	Other Pretax/Wage Limit	(5361.46)		(5361.46)	(5361.46)
wages.		ľ	W-2 Wages	116455.69		116455.89	116455.09
imployee's social security number 768–54–4074	b Employer identification number (EIN) 88-2146964	10	Control number	This information is being furnished penalty or other sanction may be in	d to the internal I	Revenue Service. If you are require	ed to file a tax return, a negli
Employer's name, address, and ZIP co			000017949301	1 Wages, tips, other compens		2 Federal income tax with	OMB No 1545-00
PF I Carrus Services 5051 Peachtree Corners	Circle, Suite 200			11 3 Social security wages	6455.89	4 Social security tax withh	15617.7
Norcross GA 30092 U	SA			The state of the s	6455.89	4 oociai security as warn	7220.2
				5 Medicare wages and tips 1.1	6455.89	6 Medicare tax withheld	1688.6
e Employee's first name and initial Sreevalli Viswanat	Last name cha		Suff.	7 Social security tips		8 Allocated tips	
1242 Maple Lane Carver MN 55315				9		10 Dependent care benefits	
USA				11 Nonqualified plans		12s See instructions for bo	
15 State Employer's state ID Num		17 State is	ncome tax	13 Statutory Retirement employee plan	Third-party sick pay	Code C	86.45 16379.09
MN 8422951	116455.89	<del> </del>	6808.70		D pay	Code DD	16379.09
18 Local wages, tips, etc.	19 Local income tax	20 Localit	ly name	14 Other		Code 12d Code	
Form W-2 Wage and Tax Statem Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of C			202:	3	Бер	artment of the Treasury - Ir	lierral neverue serv
a Employee's social security number 768–54–4074	b Employer identification number (EIN 98-2146964	N)	d Control number 000017949301	This information is being furnished penalty or other sanction may be in	to the Internal Re oposed on you if t	evenue Service. If you are required this income is texable and you full	to report II.
768-54-4074 c Employer's name, address, and ZIP	88-2146964	N)		1 Wages, tips, other compensa	nposed on you if t	evenue Service. If you are required this income is taxable and you fell 2 Federal income tax within	to report it. OMB No. 1545-000 eld
768-54-4074	88-2146964 code	N)		1 Wages, tips, other compensa	nposed on you if t	this income is taxable and you fell	to report it.  OMB No. 1545-000 slid  15617.72
768-54-4074 c Employer's name, address, and ZIP PF I Carrus Services 5051 Peachtree Corner	88-2146964 code	N)		1 Wages, tips, other compense 12 Social security wages	nposed on you if t	this income is taxable and you fell  2 Federal income tax within	to report it.  OMB No. 1545-000 eld  15617.72
768-54-4074 c Employer's name, address, and ZIP PF I Carrus Services 5051 Peachtree Corner	88-2146964 code cs Circle, Suite 200	N)		penalty or other sanction may be in  Wages, tips, other compense  11  Social security wages  11  Medicare wages and tips	nposed on you if the street of	this income is taxable and you fell  2 Federal income tax within  4 Social security tax within	to report II.  OMB No. 1545-000 slid  15617.72 sld  7220.2*
768-54-4074 cEmployer's name, address, and ZIP PF I Carrus Services 5051 Peachtree Corner Norcross GA 30092	88-2146964 code es Circle, Suite 200 USA	N)	000017949301	penalty or other sanction may be in  1 Wages, tips, other compense 11  3 Social security wages 11  5 Medicare wages and tips 11	stion 6455.89 6455.89	this income is taxable and you fell  2 Federal income tax within  4 Social security tax withins  6 Medicare tax withheld  8 Allocated tips	to report II.  OMB No. 1545-000 slid  15617.72 sld  7220.2*
768-54-4074  c Employer's name, address, and ZIP PF I Carrus Services 5051 Peachtree Corner Norcross GA 30092  e Employee's first name and initial Sreevalli Viswana 1242 Maple Lane Carver MN 55315	88-2146964 code es Circle, Suite 200 USA	N)	000017949301	penalty or other sanction may be in  1 Wages, tips, other compense 11 3 Social security wages 11 5 Medicare wages and tips 11 7 Social security tips	stion 6455.89 6455.89	this income is taxable and you fell  2 Federal income tax withhis  4 Social security tax withhis  6 Medicare tax withheld  8 Allocated tips  10 Dependent care benefits	to report II. OMB No. 1545-000 eld 15617.72 id 7220.21
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Form W-2	Wago & Tax	Statement Dept.	of the Treas	UTY-IRS ONE	No. 1545-0008
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Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return

State City I	ru- c		1					
W-2 State, City, Local Wage and Statemer	Tax 7	.023	V	1-7 Was	Local Filing ge and Tax		2023	
Copy 2 to be filed with employee's 5			I I I I I I I I I I I I I I I I I I I	to be filed with employe	atement			
1 Wages, tips, other comp. 103081.01	2 Federal Income ta		1	, tips, other comp.	2 Feder	ral Income ta		
3 Social security wages 108199.19	4 Social Security tax		3 Social	security wages	4 Social	Security tax		
5 Medicare wages and tips 108199.19	edicare wages and tips 6 Medicare tax withheld		5 Medic	are wages and tips 108199	6 Media	6 Medicare tax withheld		
d Control number	Employer	use only	d Contro	ol number		Employe	r use only	
c Employer's name, address, and ZIP code MEDICAL SOLUTIONS, LLC 1010 N. 102ND STE 300 OMAHA NE 68114			MED 1010 STE	yer's name, address, and zir ICAL SOLUTIONS, I N. 102ND 300 HA NE 68114				
b Employer's FED ID number 91-2184792	a Employee's SSA no XXX-XX-4074			yer's FED ID number 184792		yee's SSA no -XX-4074		
7 Social security tips	B Allocated tips			security tips	8 Alloca	ted tips		
9	10 Dependent care b	enefits	9		10 Deper	10 Dependent care benefits		
11 Nonqualified plans	12a See Instructions (	er box 12 2.54	11 Nonga	ratified plans	12a See i	12a See instructions for box 12		
14 Other	126 D	5118,18	14 Other	14 Other		12b		
	120					124		
	126				12d			
	13 Stat emp   Ret. plan	and party sick pay			13 Stat emp	Ret. plan	2rd party sick pa	
e Employee's name, address, and ZIP cod SREEVALLI VISWANATHA 1242 MAPLE LN CARVER MN 55315	and the same of th		SREE 1242 I	yee's name, address, and ZI VALLI VISWANATH, MAPLE LN ER MN 55315		1 ^		
15 State Employer's state ID no. 7135674	16 State wages, tips,	etc. 103081.01	15 State	Employer's state ID no.	16 State	wages, tips,	etc.	
17 State income tax 4488.57	18 Local wages, tips,	etc.	17 State is	ncome tax	18 Local v	wages, tips,	etc.	
19 Local Income tax	19 Local Income tax 20 Locality name		19 Local in	ncome tax	20 Localit	y name		
Form W-2 Wage & Tax Statement Dept. of	the Treesury-IRS OM	B No. 1545-0008	Form W-2	2 Wage & Tax Statement De	pt. of the Trees	ury-IRS OM	B No. 1545-000	

## 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

FIT: U 0

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

Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages
108199.19	108199.19	108199.19
5118.18		
103081.01	108199.19	108199.19
Box 1 of W-2	Box 3 of W-2	Box 5 of W-2
	108199.19 5118.18 103081.01	108199.19 108199.19 5118.18 103081.01 108199.19

2. Employee W-4 Profile To change your employee W-4 profile information, tile a new W-4 with the payroll department SIT Work: MNSIT M 3

SIT Res: MNSIT M 3

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