2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Corp. Employer use only Control number 02205279 732 DCMG G S 12759 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
NIKHIL REDDY KANKANALA 859 BAUGH DR **ALLEN, TX 75013**

b Employer's FED ID number 98-0429806	a Employee's SSA number XXX-XX-1621					
1 Wages, tips, other comp.	2 Federal income tax withheld					
111629.10	16812.54					
3 Social security wages	4 Social security tax withheld					
111629.10	6921.00					
5 Medicare wages and tips 111629.10	6 Medicare tax withheld 1618.62					
1110=0110						
7 Social security tips	8 Allocated tips					
9	10 Dependent care benefits					
11 Nonqualified plans	12a See instructions for box 12 30.79					
14 Other	12b DD 5569.21					
	12c					
	12d					
	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 111629.10 16812.54 3 Social security wages 4 Social security tax withheld 111629.10 6921.00 5 Medicare wages and tips 6 Medicare tax withheld 111629.10 1618.62 d Control number Dept. Corp. Employer use only 02205279 732 **DCMG** G S 12759 c Employer's name, address, and ZIP code

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

(CORRECTED STATEMENT)

	(00::::20:20 0::::2:::2:::)							
b	Employer's FED ID number 98-0429806	a Employee's SSA number XXX-XX-1621						
7	Social security tips	8 Allocated tips						
9		10 Dependent care benefits						
11	Nonqualified plans	12a See instructions for box 12 C 30.79						
14	Other	^{12b} DD		5569.21				
		12c						
		12d						
		13 Stat er	np. Ret. plan	3rd party sick pay				
e/f	e/f Employee's name, address and ZIP code							

NIKHIL REDDY KANKANALA 859 BAUGH DR **ALLEN, TX 75013**

	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 Wage and Tax Statement

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

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

У	adjustments made b	y your employer.		
	GROSS PAY	113,739.61	SOCIAL SECURITY	6,921.00
			TAX WITHHELD	
			BOX 04 OF W-2	
	FED. INCOME	16,812.54	MEDICARE TAX	1,618.62
	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	0.00		
	BOX 19 OF W-2			

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

NIKHIL REDDY KANKANALA 859 BAUGH DR **ALLEN, TX 75013**

(CORRECTED STATEMENT)

Social Security Number: XXX-XX-1621

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PAGE 1 OF 1

1 Wages, tips, other comp. 111629.10		2 Federal income tax withheld 16812.54		1 Wages	1 Wages, tips, other comp. 111629.10			2 Federal income tax withheld 16812.54		
3 Social security wages		4 Social security tax withheld		2 Social	3 Social security wages			4 Social security tax withheld		
3 Social security wages 111629.10		6921.00		3 30Clai	3 Social security wages 111629.10			4 Social security tax withheld 6921.00		
5 Medicare wages and tips 111629.10		6 Medicare tax withheld 1618.62		5 Medica	5 Medicare wages and tips 111629.10			6 Medicare tax withheld 1618.62		
d Control number	Dept.	Corp.	Employer use only	d Cont	rol number	Dept.	Corp.	Emplo	yer use only	
02205279 732		DCMG	G S 12759	02205	279 732		DCMG	G S	G S 12759	
c Employer's name, address, and ZIP code					c Employer's name, address, and ZIP code					
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 STATE	EMENT)			(CORF	(CORRECTED STATEMENT)					
b Employer's FED ID 98-042980		a Employee's SSA number XXX-XX-1621		b Emplo	b Employer's FED ID number 98-0429806			a Employee's SSA number XXX-XX-1621		
7 Social security tips	-	8 Alloca		7 Social	security tips		8 Allocated tips		-	
9		10 Depe	ndent care benefits	9			10 Dependent care benefits		e benefits	
11 Nonqualified plans		12a C	30.79	11 Nonq	11 Nonqualified plans		12a C 30.79			
14 Other		12b DD	5569.21	14 Other	14 Other		12b DD		5569.21	
		12c 12d						12c		
								12d		
		13 Stat em	n. Ret. plan 3rd party sick pay				13 Stat em	p. Ret. plan	3rd party sick pa	
e/f Employee's name,	e/f Empl	e/f Employee's name, address and ZIP code								
NIKHIL REDDY KANKANALA 859 BAUGH DR ALLEN, TX 75013				NIKHIL REDDY KANKANALA 859 BAUGH DR ALLEN, TX 75013						
15 State Employer's st	ate ID no.	. 16 State	wages, tips, etc.	15 State	Employer's s	tate ID no	. 16 State	wages, ti	ps, etc.	
17 State income tax		18 Loca	wages, tips, etc.	17 State	17 State income tax		18 Local wages, tips, etc.			
19 Local income tax 20 Locality name		19 Local	19 Local income tax			20 Locality name				
W-2 "	. State Filing Copy Wage and Tax Statement OMB No. 1545-0008 Copy 2 to be filed with employee's State Income Tax Return.									