## Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Corp. d Control number Employer use only Dept. 02497371 732 DCMG G S 29784 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 SAMPOORNA VANGARI 2953 MAVISBANK CIR APEX, NC 27502

a Employee's SSA number

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

10 Dependent care benefits

12a See instructions for box 12 C | 14.77

13 Stat emp. Ret, plan 3rd party sick pay

119614.17

8 Allocated tips

12b 12c

12d

15 State Employer's state ID no. 16 State wages, tips, etc.

XXX-XX-1099

10832.86

7416.08

1734.41

b Employer's FED ID number

1 Wages, tips, other comp.

5 Medicare wages and tips

11 Nonqualified plans

600484530

3 Social security wages

7 Social security tips

14 Other

NC

98-0429806

119614.17

119614.17

119614.17

## 2023 W-2 and EARNINGS SUMMARY

This summary section is portion in more detail. you may also find helpf	The reverse side	includes general infor	mation that
you may also line helps	your employer		
any adjustments made by	your employer.	COCTAL CECUPINY	7,416.08
GROSS PAY	119,599.40	SOCIAL SECURITY TAX WITHHELD	//120.00
		BOX 04 OF W-2	
FED. INCOME	10,832.86	MEDICARE TAX	1,734.41
TAX WITHHELD		WITHHELD	
BOX 02 OF W-2		BOX 06 OF W-2	
STATE INCOME TAX	5,175.00	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

Social Security Number: XXX-XX-1099

SAMPOORNA VANGARI 2953 MAVISBANK CIR APEX, NC 27502

Fold and Detach Here

(CORRECTED STATEMENT

PAGE 1 OF 1

2 Federal income tax withheld

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9			10 Deper	dent care benefits					
11 Nonq	ualified plans		12a See in C	structions for box 12 14.77	11 Nonqualified plans				
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15 State NC	Employer's sta 600484530	ate ID no.	16 State v	wages, tips, etc. 119614.17	DETACH	5 State NC	Employer's s 600484530	tate ID	
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	Federal	Filing		2022		A A #	NC. Stat	e Fi	

Wage and Tax

Statement

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

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19 Local	19 Local income tax		20 Locality name			
17 State	income tax 5175 income tax NC. State	e Filin	20 Locali g Copy d Tax	wages, tips, etc.		

Statement

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

1 Wages, tips, other comp. 119614.17		10832.86				
3 Social security wages 119614.17		4 Social security tax withheld 7416.08				
	5 Medicare wages and tips 119614.17		6 Medicare tax withheld 1734.41			
d Control number	Dept.	t. Corp. Employer use DCMG G S 297		er use only		
02497371 732				29784		
c Employer's name, a	ddress,	and ZIP c	ode			
4TH FLOOR EDISON, NJ 08 (CORRECTED STATI b Employer's FED ID	EMENT)	a Emplo	vee's SSA	number		
98-042980	98-0429806		a Employee's SSA number XXX-XX-1099			
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		10 Dependent care benefits				
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		12d				
		13 Stat emp. Ret. plan 3rd party sick pa				
e/f Employee's name,	address	and ZIP o	odo			
SAMPOORNA 2953 MAVISBAN APEX, NC 27502	VANGA		oue			

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

City or Local Filing Copy

15 State Employer's state ID no. 16 State wages, tips, etc.

5175.00

119614.17

18 Local wages, tips, etc.

20 Locality name

600484530

NC

17 State income tax

19 Local income tax