PAGE 1

| Employee Refe                                  | erence Copy                                |
|--|--|
| • • • • • • • • • • • • • • • • • • •          |  |
|  | 701X                                       |
| Stateme  | OMB No. 1545-0008                          |
| Copy C for employee's records.                 | Corp. Employer use only                    |
| 156769 CLI2/CTS SH0501                         | T 17377                                    |
| Employer's name, address, a                    | and ZIP code                               |
| Employer's name, address, a<br>COGNIZANT TE    |  |
| SOLUTIONS US                                   |  |
| 211 QUALITY C                                  |  |
| COLLEGE STA                                    |  |
|  |  |
|  | Batch #02651                               |
| e/f Employee's name, address, a                | and ZIP code                               |
| SYED NAZAR                                     |  |
| 7 PADANARAM RD                                 |  |
| UNIT 43  |  |
| DANBURY CT 06811                               | -5704                                      |
| Employer's FED ID number                       | a Employee's SSA number                    |
| 13-3924155                                     | 613-79-8312                                |
| 1 Wages, tips, other comp.                     | 2 Federal income tax withheld              |
| 19010.39                                       | 3016.00                                    |
| 3 Social security wages                        | 4 Social security tax withheld             |
| 18237.70                                       | 1130.74                                    |
| 5 Medicare wages and tips<br>18237.70          | 6 Medicare tax withheld<br>264.45          |
| Social security tips                           | 8 Allocated tips                           |
| obcial security lips                           | o Allocated tips                           |
| Verification Code                              | 10 Dependent care benefits                 |
| c411-d4a6-e501-e25f                            | 104.15                                     |
| 11 Nonqualified plans                          | 12a See instructions for box 12<br>C 12.75 |
| 14 Other                                       | 12b W 135.37                               |
| 6.50 SDI                                       | 12c DD 2881.02                             |
| 16.35 PFL                                      | 12d  |
|  | 13 Stat emp. Ret. plan 3rd party sick pa   |
| 15 State Employer's state ID no<br>TOTAL STATE | . 16 State wages, tips, etc.               |
| 17 State income tax<br>1274.79                 | 18 Local wages, tips, etc.                 |
| 19 Local income tax                            | 20 Locality name                           |
|  | Į  |
| 1 Wages, tips, other comp.                     | 2 Federal income tax withheld              |
| 19010.39                                       | 3016.00                                    |
|  |  |

# 2018 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2018 pay stub plus any adjustments submitted by your employer.

| Gross Pay                                   | 20302.99 | Social Security<br>Tax Withheld<br>Box 4 of W-2 | 1130.74 | NY. State Income Tax<br>Box 17 of W-2<br>Local Income Tax | 708.99 |
|---|----------|---|---------|---|--------|
| Fed. Income<br>Tax Withheld<br>Box 2 of W-2 | 3016.00  | Medicare Tax<br>Withheld<br>Box 6 of W-2        | 264.45  | Box 19 of W-2<br>SUI/SDI/FLI<br>Box 14 of W-2             | 22.85  |

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

|                              | Wages, Tips, other<br>Compensation<br>Box 1 of W-2 | Social Security<br>Wages<br>Box 3 of W-2 | Medicare<br>Wages<br>Box 5 of W-2 | NY. State Wages,<br>Tips, Etc.<br>Box 16 of W-2 |
|------------------------------|--|--|-----------------------------------|---|
| Gross Pay                    | 20,302.99  | 20,302.99                                | 20,302.99                         | 15,429.28                                       |
| Plus GTL (C-Box 12)          | 12.75  | 12.75                                    | 12.75                             | 9.97  |
| Less Misc. Non Taxable Comp. | N/A  | 772.69                                   | 772.69                            | N/A   |
| Less Dependent FSA/DCB       | 104.15   | 104.15                                   | 104.15                            | 81.45   |
| Less Other Cafe 125          | 1,149.15   | 1,149.15                                 | 1,149.15                          | 898.64  |
| Less Cafe 125 HSA (W-Box 12) | 52.05  | 52.05                                    | 52.05                             | 40.70   |
| Reported W-2 Wages           | 19,010.39  | 18,237.70                                | 18,237.70                         | 14,418.46                                       |

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

SYED NAZAR 7 PADANARAM RD UNIT 43 DANBURY CT 06811-5704

Social Security Number:613-79-8312 Taxable Marital Status: SINGLE

Exemptions/Allowances:

FEDERAL: 1 STATE: 2

\* New York requires total Federal wages to be reported in Box 16. © 2018 ADP, LLC

| 19010.39     3016.00     3016.00     3016.00       3     30cial security waynes<br>18237.70     4     Social security waynes<br>18237.70     30cial security waynes<br>18237.70     30cial security waynes<br>18237.70     4     30cial security waynes<br>18237.70     6     Medicare waynes and tips<br>18237.70     6     Medicare waynes and tips<br>17     6   |  |   |                                       |   |  |   |
|--|--|---|---------------------------------------|---|--|---|
| 6   Medicare usages and tips<br>18237.70   6   Medicare tax withheid<br>264.45     1   Control number<br>156769   Dept.   Corp.   Employer use only<br>156769   Corp.   Corp.   Corp.   Corp.   Corp.   Corp.   Corp.  |  |   |                                       |   |  | 2 Federal income tax withheld 3016.00     |
| 16237.70     16237.70     16237.70     264.45       d Control number     Corp.     Employer use only     T     17377     C     Employer's name, address, and ZP code     Cornor number     Dept     T     17377     C     Employer's name, address, and ZP code     Cornor number     Dept     Cornor number     Dept     T  | 3 Social security wages<br>18237.70            |   |                                       |   | <sup>3</sup> Social security wages<br>18237.70   | 4 Social security tax withheld<br>1130.74 |
| 156769   CLI2CTS   SH0501   T   17377     •   Employer's name, address, and ZP code   COGNIZANT TECHNOLOGY   T   17     •   Employer's name, address, and ZP code   COGNIZANT TECHNOLOGY   T   16779   CLI2CTS   SH0501   T   17     •   Employer's name, address, and ZP code   COGNIZANT TECHNOLOGY   SOLUTIONS US CORPORAT   T   17     •   Employer's FED ID number   Employer's State ID no.   Employer's FED ID number   Employer's SA number   SOLUTIONS US CORPORAT     7   Social security tips   6   Allocated tips   7   Social security tips   8   Allocated tips     9   Verification Code   10 Dependent care benefits   104.15   1   Nonqualified plans   12a   0   9   Verification Code   10 Dependent care benefits   10   | 5 Medicare wages and tips<br>18237.70          |   | 5 Medicare wages and tips<br>18237.70 |   | 5 Medicare wages and tips<br>18237.70            | 6 Medicare tax withheld<br>264.45         |
| c   Employer's name, address, and ZIP code   CoGNIZANT TECHNOLOGY     SOLUTIONS US CORPORAT   COGNIZANT TECHNOLOGY     211 QUALITY CIR STE 150   COLLEGE STATION TX 77845     b   Employer's FED ID number   a Employer's SSA number     7   Social security tips   b   Allocated tips     9   Verification Code   10 Dependent care benefits   613-79-8312     14   Other   122   13 sate currly tips   b   Allocated tips     9   Verification Code   10 Dependent care benefits   11 Nonqualified plans   12a   13 sate currly tips   b   Allocated tips     14   Other   122   122   13 sate currly tips   fill some mpRet. pain [sof party sick partication code   10 Dependent care benefits   11 Nonqualified plans   12a   12a   13 sate currly tips   fill some mpRet. plan [sof party sick partication code   10 Dependent care benefits     14   Other   12a   13 sate currly tips   fill some mpRet. plan [sof party sick partication code   10 sate currly tips   fill some mpRet. plan [sof party sick partication code     off Employee's name, address and ZIP code   SYED NAZAR   T PADANARAM RD   13 sate currly tips   fill cocal wages, t  | d Control number Dept.                         | Corp. Employer use only                   | d Control number Dept.                | Corp. Employer use only                   | d Control number Dept.                           | Corp. Employer use only                   |
| COGNIZANT TECHNOLOGY<br>SOLUTIONS US CORPORAT<br>211 QUALITY CIR STE 150<br>COLLEGE STATION TX 77845   COGNIZANT TECHNOLOGY<br>SOLUTIONS US CORPORAT<br>211 QUALITY CIR STE 150<br>COLLEGE STATION TX 77845   COGNIZANT TECHNOLOGY<br>SOLUTIONS US CORPORAT<br>211 QUALITY CIR STE 150<br>COLLEGE STATION TX 77845     b Employer's FED ID number<br>13-3324155   a Employee's SSA number<br>613-79-8312   b Employee's SSA number<br>613-79-8312   b Employee's SSA number<br>613-79-8312     7 Social security tips   a Allocated tips   b Verification Code<br>10 Dependent care benefits<br>11 Nonqualified plans   c 9.97<br>122   b Verification Code<br>10 Dependent care benefits<br>11 Nonqualified plans   c 9.97<br>122   14 Other   12 b W<br>120   10 Dependent care benefits<br>10 Nonqualified plans   12 c 9.97<br>12 c 10   14 Other   12 b W<br>120   10 Dependent care benefits<br>10 Nonqualified plans   12 c 1   9.97<br>14 Other   14 Other   12 b W<br>120   10 Dependent care benefits<br>10 Nonqualified plans   12 c 1   9.97<br>14 Other   14 Other   12 b W<br>120   12 c 1   9.97<br>14 Other   14 Other   12 b W<br>120   13 Statemer Ret plan bd part state<br>10 D Call state wages, tips, etc.   17 D ADANARAM RD<br>UNIT 43<br>DANBURY CT 06811-5704   15 State Verses, tips, etc.   17 State income tax<br>19 Local income tax<br>19 Local income tax<br>19 Local income tax<br>19 Local in   | 156769 CLI2/CTS SH0501                         | T 17377                                   | 156769 CLI2/CTS SH0501                | T 17377                                   | 156769 CLI2/CTS SH0501                           | T 17377                                   |
| SOLUTIONS US CORPORAT<br>211 QUALITY CIR STE 150<br>COLLEGE STATION TX 77845   SOLUTIONS US CORPORAT<br>211 QUALITY CIR STE 150<br>COLLEGE STATION TX 77845     b   Employer's FED ID number<br>3-3924155   Employer's SSA number<br>13-3924155   SOLUTIONS US CORPORAT<br>211 QUALITY CIR STE 150<br>COLLEGE STATION TX 77845     b   Employer's FED ID number<br>13-3924155   Employer's FED ID number<br>13-3924155   Employer's SSA number<br>13-3924155   b     ?   Social security tips   B   Allocated tips   b   Employer's FED ID number<br>13-3924155   b   Employer's SSA number<br>13-3924155   b   Employer's SSA number<br>13-3924155     ?   Verification Code<br>(c11 c43e-6501-c201<br>(c35 PFL)   10 Dependent care benefits<br>10 Acting 122   10 Dependent care benefits<br>122   10 Dependent care benefits<br>122   10 Dependent care benefits<br>13 Stat employer's state 10 no.<br>122   10 Dependent care benefits<br>122   10 Dependent care benefits<br>13 Stat employer's state 10 no.<br>122   10 Dependent care benefits<br>122   10 Dependent care benefits<br>124   10 Dependent care benefits<br>124   10 Dependent care benefit<br>124   10 Dependent care benefit<br>13 Stat employer's state 10 no.<br>124   10 Dependent care benefit<br>124   10 Dependent care benefit<br>124   10 Dependent care benefit<br>124   10 Dependent care benefit<br>124   11 Nonqualified plans   <   | c Employer's name, address, a                  | Ind ZIP code                              | c Employer's name, address, a         | and ZIP code                              | c Employer's name, address, a                    | and ZIP code                              |
| 13-3924155   613-79-8312     7   Social security tips   8   Allocated tips     9   Verification Code<br>c411-0446-e501-e25f   10 Dependent care benefits<br>104.15   1   Social security tips   8   Allocated tips     9   Verification Code<br>c411-0446-e501-e25f   10 Dependent care benefits<br>102.75   1   Nonqualified plans   12a<br>c   9.97     14   Other   12b<br>12d<br>13   W   13.53.77   12a<br>12d   13.53.77     14   Other   12b<br>12d   W   13.53.77   12a<br>13   13.53.77     16.35   PFL   12d   12d   13.53.77   12a   13.53.77     16   12d   13.53.77   13.53.77   14   Other   12b<br>12d   13.53.77     16   16.35   NY PFL   12d   13.53.77   13.53.77   13.53.77     16.35   NY PL   12d   13.53.77   12d   13.53.77   13.53.77   13.53.77   13.53.77     16   5.00 NY SDI   16.55 NY PL   12d   13.53.77   13.53.77   13.53.77   13.53.77   13.53.77   13.53.77   13.53.77   13.53.77  | SOLUTIONS US<br>211 QUALITY C                  | CORPORAT<br>CIR STE 150                   | SOLUTIONS US<br>211 QUALITY (         | CORPORAT<br>CIR STE 150                   | SOLUTIONS US                                     | CORPORAT<br>CIR STE 150                   |
| 7   Social security tips   8   Allocated tips     9   Verification Code<br>c411-d4a6-e501-e25f   10 Dependent care benefits<br>104.15     11   Nonqualified plans   12a See instructions for box 12<br>C   12   10     14   Other   12b   135.37     14   Other   12b   135.37     16.35 PFL   12c   DD   2881.02     16.35 PFL   13 Stat empl.Ret.plan [ard party sick part]   14   Other   12b   MI     eff Employee's name, address and ZIP code   SYED NAZAR   7   PADANARAM RD   State employer's state ID no. 16   State employer's state ID no. 16   State wages, tips, etc.     TOTAL STATE   18   Local income tax   20   Locality name   18   Local wages, tips, etc.     17   State Employer's state ID no. 16   State monover tax   20   Locality name   18   Local wages, tips, etc.     17   State monover tax   20   Locality name   18   Local wages, dtps, etc.     17   State monover tax   20   Locality name   18   Local wages, dtps, etc.     17   State monover tax   20  | b Employer's FED ID number<br>13-3924155       |   |                                       |   |  | a Employee's SSA number<br>613-79-8312    |
| c411-d4a6-e501-e25f   120 to particular to 104.15     11 Nonqualified plans   12a See instructions for box 12<br>C   12.75     14 Other   12b W   135.37     14 Other   12b W   135.37     15.50 SDI<br>16.35 PFL   12 d   13 Stat emp Ret. plan 3rd party sick pay     eff Employee's name, address and ZIP code   SYED NAZAR<br>7 PADANARAM RD<br>UNIT 43<br>DANBURY CT 06811-5704   16 State wages, tips, etc.<br>10 Local income tax   16 State wages, tips, etc.<br>1274.79   13 State employer's state ID no. 16 State wages, tips, etc.<br>1274.79   16 Local wages, tips, etc.<br>19 Local income tax   18 Local wages, tips, etc.<br>19 Local income tax   19 Local income tax   20 Locality name     Wage and Tax   201 Locality name   NY. State Reference Copy   NY. State Filing Copy   NY. State ment   10 Local income tax   20 Locality name   |  |   |                                       |   |  |   |
| 11 Nonqualified plans   12a See instructions for box 12<br>C   12.75     14 Other   12b W   135.37     13 Stat emp. Ret. plan   3rd party sick pay     eff Employee's name, address and ZIP code   SYED NAZAR     7 PADANARAM RD   UNIT 43     DANBURY CT 06811-5704   15 State mages, tips, etc.     15 State Employer's state ID no. 16 State wages, tips, etc.   18 Local wages, tips, etc.     17 State income tax   18 Local wages, tips, etc.   18 Local income tax     19 Local income tax   20 Locality name     Federal Filing Copy   NY.State Reference Copy     W2-2   Wage and Tax 2018  |  |   | 9 Verification Code                   |   | 9 Verification Code                              | 10 Dependent care benefits<br>104.15      |
| 14 Other   12b W   135.37     14 Other   12b W   135.37     16.50 ND   12c DD   2881.02     12d   13 Stat emp Ret. plan 3rd party sick pay     eff Employee's name, address and ZIP code   SYED NAZAR     7 PADANARAM RD   VIII 43     UNIT 43   DANBURY CT 06811-5704     15 State ID no. 16 State wages, tips, etc.   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   NY.State Reference Copy     Wage and Tax   201 Locality name     W2-2   Statement  |  | 12a See instructions for box 12           | 11 Nonqualified plans                 | 12a                                       | 11 Nonqualified plans                            | 12a                                       |
| Note   |  |   |                                       |   |  |   |
| 16.35 PFL   12d   12d   12d   12d   13 Stat emp Ret. plan 3rd party sick pay     eff Employee's name, address and ZIP code   SYED NAZAR   r PADANARAM RD   eff Employee's name, address and ZIP code   SYED NAZAR     7 PADANARAM RD   UNIT 43   DANBURY CT 06811-5704   For the second | 14 Other                                       | VV 155.57                                 | 14 Other                              | 40.70                                     | 14 Other   | VV 40.70                                  |
| 13 Stat emp Ret. plan 3rd party sick pay     13 Stat emp Ret. plan 3rd party sick pay     eff Employee's name, address and ZIP code     SYED NAZAR     7 PADANARAM RD     UNIT 43     DANBURY CT 06811-5704     15 State Employee'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     20 Locality name     20 Locality name     20 Locality name     21 Local income tax     22 Locality name     23 Local income t  |  |   |                                       |   |  |   |
| eff Employee's name, address and ZIP code     SYED NAZAR     7 PADANARAM RD     UNIT 43     DANBURY CT 06811-5704     15 State   Employer's state ID no.     16 State wages, tips, etc.     TOTAL STATE     18 Local wages, tips, etc.     19 Local income tax     20 Locality name     Federal   Filing     Copy     Wage   and     Tax   2018     WH-2   Wage     Statement   Tax     2018   W-2     Statement   Tax     2018   Statement  | 16.35 PFL                                      |   | 16.35 NY PFL                          |   | 16.35 NY PFL                                     |   |
| SYED NAZAR<br>7 PADANARAM RD<br>UNIT 43<br>DANBURY CT 06811-5704SYED NAZAR<br>7 PADANARAM RD<br>UNIT 43<br>DANBURY CT 06811-570415 State Employer's state ID no. 16 State wages, tips, etc.<br>17 State income tax16 State wages, tips, etc.<br>17 State income tax16 State wages, tips, etc.<br>19 Local income tax17 State income tax<br>18 Local wages, tips, etc.18 Local wages, tips, etc.<br>19 Local income tax18 Local wages, tips, etc.<br>19 Local income tax19 Local income tax10 Local wages, tips, etc.<br>19 Local income taxFederal Filing Copy<br>W-2Wage and Tax<br>Statement00 Wage and Tax<br>Statement00 Wage and Tax<br>20 Locality name00 Wage and Tax<br>20 Locality name00 Wage and Tax<br>20 Locality name  |  | 13 Stat emp. Ret. plan 3rd party sick pay |                                       | 13 Stat emp. Ret. plan 3rd party sick pay |  | 13 Stat emp. Ret. plan 3rd party sick pa  |
| 7   PADANARAM RD<br>UNIT 43<br>DANBURY CT 06811-5704   7   PADANARAM RD<br>UNIT 43<br>DANBURY CT 06811-5704   7   PADANARAM RD<br>UNIT 43<br>DANBURY CT 06811-5704     15   State   Employer's state ID no. 16 State wages, tips, etc.<br>TOTAL STATE   16 State wages, tips, etc.<br>NY   16 State wages, tips, etc.<br>NY   16 State wages, tips, etc.<br>NY   15 State   Employer's state ID no. 16 State wages, tips, etc.<br>NY   15 State   Employer's state ID no. 16 State wages, tips, etc.<br>NY   15 State   Employer's state ID no. 16 State wages, tips, etc.<br>NY   15 State   Employer's state ID no. 16 State wages, tips, etc.<br>NY   15 State   18 Local wages, tips, etc.<br>NY   17 State income tax   18 Local wages, tips, etc.<br>YOR.99   19 Local income tax   20 Locality name   19 Local income tax   20 Locality name   19 Local income tax   20 Locality name     19 Local income tax   20 Locality name   NY.State   Reference   Copy   NY.State   Filing   Copy     W-2   Wage   ATax   2018   Statement   2018   Statement   2018  | e/f Employee's name, address ar                | nd ZIP code                               | e/f Employee's name, address a        | Ind ZIP code                              | e/f Employee's name, address a                   | and ZIP code                              |
| UNIT 43<br>DANBURY CT 06811-5704UNIT 43<br>DANBURY CT 06811-5704UNIT 43<br>DANBURY CT 06811-570415StateEmployer's state ID no. 16State wages, tips, etc.15StateEmployer's state ID no. 16State wages, tips, etc.17State income tax18Local wages, tips, etc.17State income tax18Local wages, tips, etc.16State wages, tips, etc.19Local income tax20Locality name19Local income tax20Locality name19Wage and Tax2018W-2Wage and Tax2018W-2StatementWage and Tax2018   | SYED NAZAR                                     |   | SYED NAZAR                            |   | SYED NAZAR                                       |   |
| DANBURY CT 06811-5704   DANBURY CT 06811-5704     15 State Employer's state ID no. 16 State wages, tips, etc.   15 State Employer's state ID no. 16 State wages, tips, etc.   16 State Wages, tips, etc.   17 State income tax   18 Local wages, tips, etc.   19010.39     17 State income tax   18 Local wages, tips, etc.   17 State income tax   18 Local wages, tips, etc.   18 Local wages, tips, etc.   19 Local income tax   19 Local income tax   19 Local income tax   20 Locality name     W-2   Wage and Tax   2018   W-2   Statement   Statement   X 2018   X 2018  | 7 PADANARAM RD                                 |   | 7 PADANARAM RD                        |   | 7 PADANARAM RD                                   |   |
| 15   State   Employer's state ID no. 16   State wages, tips, etc.     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     19   Wage and Tax   2018   NY.State   Copy     Wage and Tax   2018   Statement   Statement   Statement  | UNIT 43  |   | UNIT 43                               |   | UNIT 43  |   |
| NY   13-3924155   19010.39     17   18 Local wages, tips, etc.   18 Local wages, tips, etc.   19010.39     17   State income tax   18 Local wages, tips, etc.   18 Local wages, tips, etc.   18 Local wages, tips, etc.     19   Local income tax   20 Locality name   19 Local income tax   20 Locality name   19 Local income tax   20 Locality name     Federal   Filing   Copy   NY   NY   NY   13 State   NY   13 Local wages, tips, etc.     W-2   Wage   and   Tax   2018   NY   | DANBURY CT 06811                               | -5704                                     | DANBURY CT 06811                      | -5704                                     | DANBURY CT 06811                                 | -5704                                     |
| 1274.79   10 Eccli Migle, dp, dc.   708.99   10 Eccli Migle, dp, dc.     19 Local income tax   20 Locality name   19 Local income tax   20 Locality name     19 Local income tax   20 Locality name   19 Local income tax   20 Locality name     W-2   Wage and Tax   2018   W-2   NY.State Reference Copy     W-2   Statement   2018   W-2   Statement  | 15 State Employer's state ID no<br>TOTAL STATE | . 16 State wages, tips, etc.              |                                       |   | 15 State Employer's state ID no<br>NY 13-3924155 | b. 16 State wages, tips, etc.<br>19010.39 |
| 19 Local income tax   20 Locality name     19 Local income tax   20  |  | 18 Local wages, tips, etc.                |                                       | 18 Local wages, tips, etc.                |  | 18 Local wages, tips, etc.                |
| W-2 Wage and Tax 2018 W-2 Wage and Tax 2018 W-2 Wage and Tax 2018  |  | 20 Locality name                          |                                       | 20 Locality name                          |  | 20 Locality name                          |
| W-2 Wage and Tax 2018 W-2 Wage and Tax 2018 W-2 Wage and Tax 2018  | Federal Fil                                    | ing Copy                                  | NY.State Re                           | eference Copy                             | NY.State Fil                                     | ling Copy                                 |
|  | W-2 Wage an Stateme                            | nd Tax 2018                               | Statement                             | nd Tax 2018                               | W-2 Wage a Stateme                               | and Tax <b>2018</b>                       |

PAGE 2

|   | eference Copy                                     |
|---|---|
| W-2 Wage a                                |   |
| <b>VV</b> <sup>-</sup> <b>Z</b> Statement |   |
| Copy 2 to be filed with employee's State  |   |
| d Control number Dept.                    | Corp. Employer use only<br>T 17378                |
| 156769 CLI2/CTS SH0501                    |   |
| c Employer's name, address, a             |   |
| COGNIZANT TE                              |   |
|   | CORPORAT  |
| 211 QUALITY C                             |   |
| COLLEGE STAT                              | IION IX 77845                                     |
|   | Batch #02651                                      |
|   | Datch #02001                                      |
| e/f Employee's name, address, a           | and ZIP code                                      |
| SYED NAZAR                                |   |
| 7 PADANARAM RD                            |   |
| UNIT 43                                   |   |
| DANBURY CT 06811                          | -5704   |
| b Employer's FED ID number                | a Employee's SSA number                           |
| 13-3924155                                | 613-79-8312                                       |
| 1 Wages, tips, other comp.                | 2 Federal income tax withheld                     |
| 19010.39                                  | 3016.00   |
| 3 Social security wages                   | 4 Social security tax withheld                    |
| 18237.70                                  | 1130.74   |
| 5 Medicare wages and tips<br>18237.70     | 6 Medicare tax withheld<br>264.45                 |
| 7 Social security tips                    | 8 Allocated tips                                  |
| 7 Social security lips                    | o Allocated tips                                  |
| 9 Verification Code                       | 10 Dependent care benefits                        |
|   | · 104.15  |
| 11 Nonqualified plans                     | 12a See instructions for box 12<br>C 2.78         |
| 14 Other                                  | 12b W 94.67                                       |
| 14 Other                                  | 12c DD 2881.02                                    |
|   | 12d  <br>13 Stat emp Ret. plan 3rd party sick pay |
|   | 13 Stat empirice, plan Sid party sick pay         |
| 15 State Employer's state ID no           |   |
| CT 8963852-000                            | 4591.93   |
| 17 State income tax                       | 18 Local wages, tips, etc.                        |
| 320.97                                    |   |
| 19 Local income tax                       | 20 Locality name                                  |

# 2018 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

| 1. The following information reflect | ts your final 201 | 18 pay stub plus a                             | ny adjustments su                                 | bmitted by your employer. |
|--------------------------------------|-------------------|--|---|---------------------------|
|                                      |                   | СТ. V  | V-2   | CT. W-2                   |
| Gross Pay                            |                   | 48   | 373.71  | 15429.28                  |
| Federal Income Tax Withheld          | Box 2 of W-2      | 30   | 016.00  | 3016.00                   |
| Social Security Tax Withheld         | Box 4 of W-2      | 11   | 30.74   | 1130.74                   |
| Medicare Income Tax Withhe           | d Box 6 of W-2    |  | 264.45  | 264.45                    |
| State Income Tax                     | Box 17 of W-2     | ;  | 320.97  | 244.83                    |
| SUI/SDI/FLI Box 14 of W-2            | Box 14 of W-2     |  |   |                           |
| 2. Your Gross Pay was adjusted as    | follows to prod   | uce your W-2 State                             | ement.  |                           |
|                                      |                   | CT. State Wages<br>Tips, Etc.<br>Box 16 of W-2 | s, CT. State Wages<br>Tips, Etc.<br>Box 16 of W-2 | 5,                        |
| Gross Pay                            |                   | 4,873.71                                       | 15,429.28   |                           |
| <b>US</b> GTL (C-Box 12)             |                   | 2.78   | 9.97  |                           |
| ess Misc. Non Taxable Comp.          |                   | N/A  | 772.69  |                           |
| ess Dependent FSA/DCB                |                   | 22.70  | 81.45   |                           |
| ess Other Cafe 125                   |                   | 250.51   | 898.64  |                           |
| ess Cafe 125 HSA (W-Box 12)          |                   | 11.35  | 40.70   |                           |
| eported W-2 Wages                    |                   | 4,591.93                                       | 13,645.77   |                           |

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

SYED NAZAR 7 PADANARAM RD UNIT 43 DANBURY CT 06811-5704

Social Security Number:613-79-8312 Taxable Marital Status: SINGLE Exemptions/Allowances:

FEDERAL: 1 STATE: 2

¤© 2018 ADP, LLC

| 1 Wages, tips, other comp.<br>19010.39                       | 2 Federal income tax withheld 3016.00     | 1 Wages, tips, other comp.<br>19010.39                               | 2 Federal income tax withheld<br>3016.00  | 1 Wages, tips, other comp.<br>19010.39                            | 2 Federal income tax withheld 3016.00      |
|--|---|--|---|---|--|
| 3 Social security wages<br>18237.70                          | 4 Social security tax withheld<br>1130.74 | 3 Social security wages<br>18237.70                                  | 4 Social security tax withheld<br>1130.74 | 3 Social security wages<br>18237.70                               | 4 Social security tax withheld<br>1130.74  |
| 5 Medicare wages and tips<br>18237.70                        | 6 Medicare tax withheld 264.45            | 5 Medicare wages and tips<br>18237.70                                | 6 Medicare tax withheld<br>264.45         | 5 Medicare wages and tips<br>18237.70                             | 6 Medicare tax withheld 264.45             |
| d Control number Dept.                                       | Corp. Employer use only                   | d Control number Dept.   | Corp. Employer use only                   | d Control number Dept.  | Corp. Employer use only                    |
| 156769 CLI2/CTS SH0501                                       | T 17378                                   | 156769 CLI2/CTS SH0501   | T 17378                                   | 156769 CLI2/CTS SH0501  | T 17378                                    |
| c Employer's name, address, a                                | and ZIP code                              | c Employer's name, address, a  | nd ZIP code                               | c Employer's name, address, a                                     | and ZIP code                               |
| COGNIZANT TE<br>SOLUTIONS US<br>211 QUALITY (<br>COLLEGE STA | CORPORAT<br>CIR STE 150                   | COGNIZANT TE<br>SOLUTIONS US<br>211 QUALITY C<br>COLLEGE STAT        | CORPORAT<br>CIR STE 150                   | COGNIZANT TE<br>SOLUTIONS US<br>211 QUALITY C<br>COLLEGE STA      | CORPORAT                                   |
| b Employer's FED ID number<br>13-3924155                     | a Employee's SSA number<br>613-79-8312    | b Employer's FED ID number<br>13-3924155                             | a Employee's SSA number<br>613-79-8312    | b Employer's FED ID number<br>13-3924155                          | a Employee's SSA number<br>613-79-8312     |
| 7 Social security tips                                       | 8 Allocated tips                          | 7 Social security tips   | 8 Allocated tips                          | 7 Social security tips  | 8 Allocated tips                           |
| 9 Verification Code  | 10 Dependent care benefits<br>104.15      | 9 Verification Code  | 10 Dependent care benefits<br>104.15      | 9 Verification Code   | 10 Dependent care benefits<br>104.15       |
| 11 Nonqualified plans  | 12a See instructions for box 12<br>C 2.78 | 11 Nonqualified plans  | <sup>12a</sup> C 9.97                     | 11 Nonqualified plans   | <sup>12a</sup> C 9.97                      |
| 14 Other   | <sup>12b</sup> W 94.67                    | 14 Other   | <sup>12b</sup> W 40.70                    | 14 Other  | <sup>12b</sup> W 40.70                     |
|  | <sup>12c</sup> DD 2881.02                 |  | 12c                                       |   | 12c  |
|  | 12d                                       |  | 12d                                       |   | 12d  |
|  | 13 Stat emp. Ret. plan 3rd party sick pay |  | 13 Stat emp. Ret. plan 3rd party sick pay |   | 13 Stat emp. Ret. plan 3rd party sick page |
| e/f Employee's name, address a                               | nd ZIP code                               | e/f Employee's name, address ar                                      | nd ZIP code                               | e/f Employee's name, address a                                    | nd ZIP code                                |
| SYED NAZAR   |   | SYED NAZAR   |   | SYED NAZAR  |  |
| 7 PADANARAM RD   |   | 7 PADANARAM RD   |   | 7 PADANARAM RD  |  |
| UNIT 43  |   | UNIT 43  |   | UNIT 43   |  |
| DANBURY CT 06811   | -5704                                     | DANBURY CT 06811-  | -5704                                     | DANBURY CT 06811  | -5704                                      |
| 15 State Employer's state ID no<br>CT 8963852-000            | b. 16 State wages, tips, etc.<br>4591.93  | 15 State Employer's state ID no.<br>CT 8963852-000                   | . 16 State wages, tips, etc.<br>13645.77  | 15 State Employer's state ID no<br>CT 8963852-000                 | b. 16 State wages, tips, etc.<br>13645.77  |
| 17 State income tax<br>320.97                                | 18 Local wages, tips, etc.                | 17 State income tax<br>244.83  | 18 Local wages, tips, etc.                | 17 State income tax<br>244.83                                     | 18 Local wages, tips, etc.                 |
| 19 Local income tax  | 20 Locality name                          | 19 Local income tax  | 20 Locality name                          | 19 Local income tax   | 20 Locality name                           |
| CT.State Fil   | ing Copy                                  | CT.State Re  | ference Copy                              | CT.State Fil  | ing Copy                                   |
| W-2 Wage a Stateme   |   | W-2 Wage ar<br>Statement<br>Copy 2 to be filed with employee's State |   | W-2 Wage a<br>Stateme<br>Copy 2 to be filed with employee's State |  |

### Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return. Box 2. Enter this amount on the federal income tax withheld line of your tax return.

**Box 5.** You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. On Form 4137 you will calculate the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 9. If you are e-filing and if there is a code in this box, enter it when prompted by your software. The only valid characters are the letters A-F and the digits 0-9. This code assists the IRS in validating the W-2 data submitted with your return. The code is not entered on paper-filed returns.

**Box 10.** This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 also is included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you ac opy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$18,500 (\$12,500 if you only have SIMPLE plans; \$21,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$18,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2018, your employer may have allowed an additional deferral of up to \$6,000 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the instructions for Form 1040. Note: If a year follows code D through H. S, Y, AA, BB, or EE, you

Note: If a year follows code D through H, S, Y, AA, BB, of EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A-Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See the Form 1040 instructions.

 ${\rm B-Uncollected}$  Medicare tax on tips. Include this tax on Form 1040. See the Form 1040 instructions.

 $\textbf{C}-\text{Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)$ 

D-Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E-Elective deferrals under a section 403(b) salary reduction agreement F-Elective deferrals under a section 408(k)(6) salary reduction SEP G-Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H-Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct. J-Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K-20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L-Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N-Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

 $\begin{array}{l} \textbf{P-Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5) \\ \textbf{Q-Nontaxable combat pay. See the instructions for Form 1040 for details on reporting this amount. \end{array}$ 

R-Employer contributions to your Archer MSA. Report on Form 8853,
Archer MSAs and Long-Term Care Insurance Contracts.
S-Employee salary reduction contributions under a section 408(p)

SIMPLE plan (not included in box 1) T-Adoption benefits (not included in box 1).

Adoption Expenses, to compute any taxable and nontaxable amounts. V-Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W-Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

 Y – Deferrals under a section 409A nonqualified deferred compensation plan
Z – Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount also is included in box 1. It is subject to an additional 20% ta plus interest. See the Form 1040 instructions.
AA – Designated Roth contributions under a section 401(k) plan

BB-Designated Roth contributions under a section 403(b) plan DD-Cost of employer-sponsored health coverage. The amount

## DD-Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

**EÉ**—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a taxexempt organization section 457(b) plan.

FF-Permitted benefits under a qualified small employer health reimbursement arrangement

**GG**—Income from qualified equity grants under section 83(i) **HH**—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs). Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation. Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social** security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

#### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):

| TAX                 | RETURN         |
|---------------------|----------------|
| THIS<br>FORM<br>W-2 | OTHER<br>W-2'S |

## Notice to Employee

**Do you have to file?** Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2018 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2018 or if income is earned for services provided while you were an inmate at a penal institution. For 2018 income limits and more information, visit www.irs.gov/EITC. Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

**Clergy and religious workers.** If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA)

to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You also may visit the SSA website at *www.SSA.gov.* 

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2018 and more than \$7,960.80 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$4,674.60 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 instructions and Pub. 505, Tax Withholding and Estimated Tax.