Year To Date Earnings

Regular - Semi Mo.	81977.75
Retro Pay	336.25
Group Term Life > \$50000	52.92

Year To Date Deductions

Pretax Medical Deduction	853.20
Vision Plan	81.60
Pretax Dental Plan	85.44
401(k) Contribution	2469.40
Roth 401(k) Contribution	1646.37
Group Term Life>\$50000 Offset	52.92

005-003957-W2-30338-CGA

Capgemini America, Inc. PO Box 17004 Augusta, GA 30903

Social Security No.: xxx-xx-7933

a Employee's social security numb	d Control number 015032 WY/2S7		7 Social security tips		1 Wages, tips, other compensation 78877.28		2 Federal income tax withheld 10403.29	
c Employer's name, address, and ZIP code Capgemini America, Inc.			8 Allocated tips		3 Social security wages 81346.68		4 Social security tax withheld 5043.49	
PO Box 17004 Augusta, GA 30903	•		9		5 Medicare wages and tips 81346.68		6 Medicare tax withheld 1179.53	
b Employer identification number (EIN) 22–2575929		10 Dependent care benefits		C 12a See instructions for box 12 AA 1646.37		C 12b C	52.92	
e Employee's first name and initial Last name Suff. HARSHAVARDHAN R YERASU		Suff.	11 Nonqualified plans		^C 12c d D	2469.40	0 12d	5898.81
634 VIRGINIA ROAD UNIT # 0634 ATLANTA, GA 30338 f Employee's address and ZIP code	9			Retirement Third-party plan sick pay	14 Other			
15 State Employer's State ID No 1 GA 2061024 CX	6 State wages, tips, etc. 78877 . 28	17 State income	e tax 940.09	18 Local wages, tip	os, etc.	19 Local income tax	20 L	ocality name

2020

Form W-2 Wage and Tax Statement

Employee's Copy

Copy C - For EMPLOYEE'S RECORDS. (See Notice to Employee on back.)

Department of the Treasury-Internal Revenue Service. 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.

State Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return. OMB No. 1545-0008 Form W-2 Wage and Tax Statement Filing Copy Department of the Treasury-Internal Revenue Service 1 Wages, tips, other compensation 2 Federal income tax withheld a Employee's social security number d Control number 7 Social security tips xxx-xx-7933 015032 WY/2S7 78877.28 10403.29 c Employer's name, address, and ZIP code 8 Allocated tips 3 Social security wages 4 Social security tax withheld Capgemini America, Inc. PO Box 17004 Augusta, GA 30903 81346.68 5043.49 5 Medicare wages and tips 6 Medicare tax withheld 81346.68 1179.53 12a See instructions for box 12 12b **C** 10 Dependent care benefits b Employer identification number (EIN) 22-2575929 52.92 AA 1646.37 11 Nonqualified plans 12c 12d **DD** e Employee's first name and initial Last name Suff. Ď 2469.40 5898.81 HARSHAVARDHAN R YERASU 634 VIRGINIA ROAD UNIT # 0634 ATLANTA, GA 30338 13 Statutory Retirement Third-party plan sick pay 14 Othe employee |x | f Employee's address and ZIP code 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 GA 2061024 CX 78877.28 3940.09

2020 OMB No. 1545-0008 Form W-2 Wage and Tax State	Federal Copy B - To Be Filed With Employee's FEDERAL Tax Return. Department of the Treasury-Internal Revenue Service.							
a Employee's social security number d Control number		7 Social security ti	ps	1 Wages,	tips, other compensation	2 Federal incor		
XXX-XX-7933 015032 WY/2S7 c Employer's name, address, and ZIP code		8 Allocated tips		3 Social s	78877.28 security wages	10403.29 4 Social security tax withheld		
Capgemini America, Inc. PO Box 17004 Augusta, GA 30903		·		81346.68		5043.49		
		9		5 Medicare wages and tips 81346.68		6 Medicare tax withheld 1179.53		
b Employer identification number (EIN) 22–2575929		10 Dependent care benefits		^C 12a See	instructions for box 12 1646.37	C 12b C	52.92	
e Employee's first name and initial Last name HARSHAVARDHAN R YERASU	Suff.	11 Nonqualified pla	ans	C 12c	2469.40	C 12d DD	5898.81	
634 VIRGINIA ROAD UNIT # 0634 ATLANTA, GA 30338 f Employee's address and ZIP code		13 Statutory employee plan	ement Third-party sick pay	14 Other				
15 State Employer's State ID No 16 State wages, tips, etc.	17 State income	tax 18 L	ocal wages, tip	os, etc.	19 Local income tax	20 Locality	y name	

Notice to Employee
Do you have to file? Refer to the Instructions for Forms 1040 and 1040-SR to determine if you are required to file
a tax return. Even if you do not have to file a tax return, you may be eligible for a refund if box 2 shows an amount of

Do you have to file? Refer to the Instructions for Forms 1040 and 1040-SR to determine if you are required to file at xer terun. Yeu 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 2020 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 could you see the county of the property of the credit 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 services provided while you were an inmate at a penal institution. For 2020 income limits, and more information, visit wow, irrs, govyletic. See also 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 are not 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. Form your employer for all corrections made so you may file the should ask for a new card that displays your correct name at any SSA office or you calling 1-800-772-1215. You may also wist the SSA at www. socialsecurity agov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the c

Instructions for Employee

Instructions for Employee
Box 1. Enter this amount on the wages line of your tax return.
Box 2. Enter this amount on the rederal income tax withheld line of your tax return.
Box 3. The treat this amount on the rederal 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 Instructions for Box 5. 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 the Instructions for Forms 1040 and 1040-SR.
You must file Form 4137. Social Security and Medicare Tax or unreported Tip income, with your income tax return to report at least the allocated tips amount unless you can prove with adequate records that you received a smaller report at least the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security to you will be credited to your social security record (used to figure your benefits).
Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your benaff (including amounts from a section 125 (cateleria) plan). Any amount over \$5,000 is also included in box 1. Obox 11. This amount is (a) propried in box 1 if it is a return to your deer a nonqualified or section 457(b) plan or 10) included in box 3 and/or 5 if it is a prior year deerral under a nonqualified or section 457(b) plan or 10) included to box 3 and/or 5 if it is a prior year deerral under a nonqualified or section 457(b) plan or 10) included to box 3 and/or 5 if it is a prior year deerral under a nonqualified or section 457(b) plan or 10) included to the deferred amount. This box should not be used if yo

arive you a copy.

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 \$19,500 (\$13,500 if you only have SIMPLE plans; \$22,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$7,00.

Deferrals under code H are limited to \$7,00.

Deferrals under code H are limited to \$7,000. However, if you were at least age 50 in 2020, your employer may have allowed an additional deferral of up to \$6,500 (\$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 was be included in income. See the Instructions for Forms 104 and 1040-SE.

Note: If a year follows code D through H, S, Y, AA, BB, or 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 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage

1040 and 1040-SR. See the Instructions for Forms C—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.

Elective deferrals under a section 408(k)(6) salary reduction agreement.

Elective deferrals under a section 408(k)(6) salary reduction SEP

Elective deferrals under a section 408(k)(6) salary reduction SEP

Elective deferrals under a section 408(k)(6) salary reduction SEP

Elective deferrals under a section 408(k)(6) salary reduction SEP

Elective deferrals under a section 408(k)(6) salary reduction SEP

Elective deferrals under a section 408(k)(6) salary reduction SEP

Elective deferrals under a section 408(k)(6) salary reduction SEP

Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. — Elective deterrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

— Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Instructions for Forms 1040 and 1040-SR for how to deduct.

— Nontaxable sick pay (information only, not included in box 1, 3, or 5)

— Nontaxable sick pay (information parachule payments. See the Instructions for Forms 1040 and 1040-SR.

— Substantiated employee business expresse reimbursements (nontaxable)

M—Uncollected social security or RRTA fax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

M—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

— Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5 or 6 details on reporting this amount.

—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care urance Contracts.

R—Employer contributions to your action most. Report on rounn costs, Action mosts and Congression.

—Employee sales (rot included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontraxable amounts.

—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 hontraxable incomes. 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 2—Income under an onqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Instructions for Forms 1040 and 1040-SR.

1040-SR
A—Designated Roth contributions under a section 401(k) plan
BB—Designated Roth contributions under a section 403(b) plan
DB—Ost of employer-sponsored health coverage. The amount reported with Code DD is not taxable.

AGDIE.—
Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to ntributions under a tax-exempt 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 esistance payments, or a member of the clergy's parsonage allowance and utilities. Realined employers use this box to report payments, or a member of the clergy's parsonage allowance and utilities. Realined employers use this box to report the proposed of the control of the cont

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 to the control of the

IF NEEDED. PLEASE MAKE A COPY OF YOUR STATE OR FEDERAL FILING COPY FOR USE WITH YOUR CITY OR LOCAL TAX FILING