Year To Date Earnings

Group Term Life > \$50,000	15.56
Relocation Payment Suppl	400.00
Engagement Performance Bonus	2741.72
Performance Improvement Inc	175.00
Retroactive Earnings Suppl	302.32
Base Salary	61611.90
Special Skill Allowance	5041 74

Year To Date Deductions

Group Hospital Post Tax	22.84
Group Term Life > \$50,000	15.56
Indian Insurance For Dependent	371.06
Medical Pre-Tax	932.17
Work Permit Advance	4799.00

Social Security No.: XXX-XX-6827

HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4113

007-006587-W2-W2-78240-HCL

a Employee's social security number d Control number		7 Social secu	rity tips	1 Wages	1 Wages, tips, other compensation		2 Federal income tax withheld		
XXX-XX-6827	051400 WY/0T3					69356.07		11864.51	
c Employer's name, address, and ZIP code			8 Allocated tip	ps	3 Social	3 Social security wages		4 Social security tax withheld	
HCL AMERICA INC. 330 Potrero Ave. Surmyvale, CA 94085-4113 b Employer identification number (EIN) 77-0205035						69356.07		4300.08	
			9		5 Medicare wages and tips		6 Medicare tax withheld		
					69356.07		1005.66		
			10 Dependen	t care benefits	C 12a See instructions for box 12		C 12b d DD	3762.98	
e Employee's first name and initial Last name NALINI PRASAD MADDUKURI 4980 USAA BLVD APT#615 SAN ANTONIO, TX 78240		Suff.	11 Nonqualifi	ed plans	C 12c		C 12d		
				Retirement Third-party plan sick pay	14 Other				
f Employee's address and ZIP code									
15 State Employer's State ID No 16 St	ate wages, tips, etc.	17 State income	tax	18 Local wages, ti	ps, etc.	19 Local income tax	20 Loca	ality name	

2020

Form W-2 Wage and Tax Statement

Employee's Copy

Employee's 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.

2020
OMB No. 1545-0008 Form W-2 Wage and Tax Statement State

State
Filing Copy

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

Department of the Treasury-Internal Revenue Service.

ONIB NO. 1545-0008 1 OTTH 11-2 11	age and rax otater	HOHE	ig cc	<u> </u>	epartment	or the rie	<u>asury-internai Revenue Se</u>	rvice.		
a Employee's social security number d Control number		7 Social security tips			1 Wages	, tips, other compensation	2 Federal income tax withheld			
XXX-XX-6827	051400 WY/0T3						69356.07		11864.51	
c Employer's name, address, and ZIP of	c Employer's name, address, and ZIP code		8 Allocated tips			3 Social s	3 Social security wages		4 Social security tax withheld	
HCL AMERICA INC.						69356.07		4300.08		
330 Potrero Ave.			9			5 Medicare wages and tips		6 Medicare tax withheld		
Sunnyvale, CA 94085-4113						69356.07		1005.66		
b Employer identification number (EIN) 77–0205035		10 Dependent care benefits			C 12a See instructions for box 12		C 12b	3762.98		
e Employee's first name and initial Last name Suff. NALINI PRASAD MADDUKURI 4980 USAA BLVD APT#615 SAN ANTONIO, TX 78240		Suff.	11 Nonqualified plans		C 12c d e	1	C 12d			
			13 Statutory Retirement Third-party employee plan sick pay		14 Other					
f Employee's address and ZIP code										
15 State Employer's State ID No 16 St	ate wages, tips, etc.	17 State income	tax	18 Loca	l wages, tip	os, etc.	19 Local income tax	20 I	Locality name	

2020

OMB No. 15/15-0008 Form W-2 Wage and Tax Statement Filling Copy

Federal

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

Page 15/15-0008 Form W-2 Wage and Tax Statement Filling Copy

Department of the Transpired Internal Personal Services

OMB No. 1545-0008 Form W-2 Wage and Tax Statement Timing Copy Department of the Treasury-Internal Revenue Service.									
a Employee's social security number d Control number		7 Social security tips			1 Wages, tips, other compensation 2 Federal income tax withhe			al income tax withheld	
XXX-XX-6827 051400 WY/0T3						69356.07		11864.51	
c Employer's name, address, and ZIP code			8 Allocated tips			3 Social security wages		4 Social security tax withheld	
HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4113 b Employer identification number (EIN) 77-0205035			9			69356.07 5 Medicare wages and tips			4300.08
								6 Medicare tax withheld	
						69356.07			1005.66
			10 Dependent care benefits			C12a See instructions for box 12 C 15.56		C 12b	3762.98
e Employee's first name and initial Last name NALINI PRASAD MADDUKURI 4980 USAA BLVD APT#615 SAN ANTONIO, TX 78240		Suff.	11 Nonqualific	ed plans		C 12c		C 12d	
				Retirement 1 plan s	Third-party sick pay	14 Other			
f Employee's address and ZIP code									
15 State Employer's State ID No 16 S	tate wages, tips, etc.	17 State income	tax	18 Local v	wages, tip	s, etc.	19 Local income tax	20 I	Locality 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 or if

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 or if you are eligible for any 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 cannot take the EIC if your investment income is more than the specified amount for 2020 or if income is earned for services provided while you were an inmate at a penal institution. For 2020 income limits and more information, visit www.irs.govietic. 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 for life 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. Grome your employer for life form your employer for any one and so you may file them with your tax return. If your name and SSN are correct but are not 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 1-800-712-71213. You may also visit the SSA at www.socialsecurity.gov.

also visit the SSA at www.socialsecurity.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 2020 and more than 18,537,40 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 \$5,012.70 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax Withholding and Estimated Tax.

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 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 Instructions for Forms 1040 and 1040-SR 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 the Instructions for Forms 1040 and 1040-SR.

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 with adequate records 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. 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 tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount is form a section 125 (cafeteria) plan). Any amount over 5,000 is also 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 for the section 457 (b) plan to the came taxable for social security and dedicare traces this year because there is no longer a substantial risk of f

should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give 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 AB, 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 \$19,500. Deterrals under code H are limited to \$7,000. Your employer may have allowed an additional deferral of \$19,500. \$10,000 (\$1

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 millitary 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.

Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See th ructions 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.

1040 and 1040-SR.
—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5).
—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 effective deferrals under a section 403(b) salary reduction agreement F—Elective deferrals under a section 408(b) salary reduction SEP
—Elective deferrals under a section 408(b) (s) as any reduction SEP
—Elective deferrals under a section 408(b) salary reduction SEP

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.

1040 and 1040-SR 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 Instructions for Forms 1040 and 1040-SR.

—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 Instructions for Forms1040 and 1040-SR.

N—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.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5) P—Excludable intoving expense remined sometimes and in box 1, 3 or 5):

Q—Nontaxable combat pay. See the Instructions for Forms 1040 and 1040-SR for details on reporting this

Q—Nontaxable corribat μαy. See the monotonial amount.

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

Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable 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 Nontaxable Income, for reporting requirements.

—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).

—Deferrats under a section 409A nonqualified deferred compensation plan

—Income under a nonqualified 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. Sesignated Roth contributions under a section 403(b) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—cost of employer-sponsored health coverage. The amount reported with Code DD is not taxable.

EE—Designated Roth contributions under a section 457(b) plan. This amount does not apply to contributions under a descendent 457(b) plan.

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions 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 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 filling 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.

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