Year To Date Earnings

Vacation Paid Not Taken Cost of Wage Allowance

Group Term Life > \$50000

Regular - Semi Mo. Retro Pay

Lump Sum Payment

Year To Date Deductions	,	Year	То	Date	Deductions
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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.

70197.20

499.98 1785.62

4385.45

47.21

76.04

Pretax Medical Deduction	1484.60
Vision Plan	142.40
Pretax Dental Plan	163.60
401(k) Contribution	2007.35
Group Term Life>\$50000 Offset	76.04

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

005-006978-w2-60606-CGA

Social Security No .: XXX-XX-3694

a Employee's social security number d Control number 7 Social security tips 1 Wages, tips, other compensation 2 Federal income tax withheld 011774 WY/2S7 73193.55 XXX-XX-3694 5545.96 c Employer's name, address, and ZIP code 8 Allocated tips 3 Social security wages 4 Social security tax withheld 75200.90 4662.46 Capgemini America, Inc. PO Box 17004 5 Medicare wages and tips 6 Medicare tax withheld Augusta, GA 30903 75200.90 1090.41 10 Dependent care benefits 12a See instructions for box 12 12b b Employer identification number (EIN) 22-2575929 D 2007.35 C 76.04 11 Nongualified plans Suff. 12c 12d e Employee's first name and initial Last name DD 8568.70 VÁNAJA DARAPANENI Retirement Third-party plan sick pay **CAPGEMINI C/O HR OPERATIONS** 13 Statutory 14 Other employee NJ-FLI 123.06 333 WEST WACKER DRIVE, SUITE 300, NJ-UHW 150.05 CHICAGO, IL 60606 х Employee's address and ZIP code 15 State Employer's State ID No 16 State wages, tips, etc. 19 Local income tax 17 State income tax 18 Local wages, tips, etc. 20 Locality name 222-575-929/000 74984.15 3409.18 NJ

Employee's

Сору

20 No. 1545-0008 Form W-2 Wage and Tax Statement

2020

2020 DMB No. 1545-0008 Form W-2 W	age and Tax Statement	State Filing Copy		Be Filed With Employee's State, City, or Local Income Tax Retur of the Treasury-Internal Revenue Service.				
a Employee's social security number	d Control number	7 Social security tip	s	1 Wages, tips, other compensation	2 Federal income tax withheld			
XXX-XX-3694	011774 WY/2S7			73193.55	5545.96			
c Employer's name, address, and ZIP of	code	8 Allocated tips		3 Social security wages	4 Social security tax withheld			
Capgemini America, Inc.				75200.90	4662.46			
PO Box 17004		9		5 Medicare wages and tips	6 Medicare tax withheld			
Augusta, GA 30903				75200.90	1090.41			
		10 Dopondont caro	honofite	C 12a Soo instructions for box 12	C 12h			

b Employer identification number (EIN) 22–2575929			To Dependent care benefits		ď	C	76.04		2007.35
e Employee's first name and initial Last name VANAJA DARAPANENI CAPGEMINI C/O HR OPERATIONS 333 WEST WACKER DRIVE, SUITE 300, CHICAGO, IL 60606 f Employee's address and ZIP code		Suff.	11 Nonqualified plans		ୁ 12c ଜୁ 12c	DD	8568.70	^C 12d	
			employee	Retirement Third-pa plan sick pa	1	other NJ-FI NJ-UB			
15 State Employer's State ID No 16 State wages, tips, etc. 17 State incom		17 State income	tax	18 Local wages, tip		s, etc. 19 Local income tax		20	Locality name
NJ 222-575-929/000 74984.15		34	409.18						

2020 <u>OMB No. 1545-0008</u> Form W-2 W	Federal Filing Co		- To Be Filed With Employee's FEDERAL Tax Return. ment of the Treasury-Internal Revenue Service.					
a Employee's social security number XXX-XX-3694	d Control number 011774 WY/2S7		7 Social secu	irity tips	1 Wages	, tips, other compensation 73193.55	2 Federal in	come tax withheld 5545.96
c Employer's name, address, and ZIP code Capgemini America, Inc. PO Box 17004 Augusta, GA 30903			8 Allocated ti	ps	3 Social s	security wages 75200.90	4 Social sec	curity tax withheld 4662.46
			9		5 Medica	re wages and tips 75200.90	6 Medicare tax withheld 1090.41	
b Employer identification number (EIN) 22–2575929			10 Dependent care benefits		C12a See	instructions for box 12 76.04	C 12b	2007.35
e Employee's first name and initial VANAJA DARAPANENI	Last name	Suff.	11 Nonqualifi	ed plans	ି 12c d DD	8568.70	C 12d	
CAPGEMINI C/O HR OPERATIONS 333 WEST WACKER DRIVE, SUITE 300, CHICAGO, IL 60606 f Employee's address and ZIP code				Retirement Third-party plan sick pay		FLI 123.06 UHW 150.05		
15 State Employer's State ID No 16 State wages, tips, etc. 17 State incom NJ 222-575-929/000 74984.15			e tax 409.18	18 Local wages, tip	os, etc.	19 Local income tax	20 Loca	ality 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 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. Workness without children could qualify for a smaller credit. You and any qualifying children must services provided while you were an immate at a penal institution. For 2020 in come limits and more information, visit www.irs.gov/elic. See also Pub. 596, Earned income Credit. Any **EIC that is more than your tax liability is refunded** to you, but only if you life a tax refurn. **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 rom W-zc, Corrections made so, you may file therm 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 OFm W-2. Crom your engloyer for all corrections made so you may file them with your tax return. If your name and SSN are correct but are not the same as as shown on your social security card, you 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 \$8,537.40 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 Withheld more far and Estimated Tax Withholding and Estimated Tax.

Instructions for Employee

Instructions for the wages line of your tax return. Box 2. Enter this amount on the wages line of your tax return. Box 2. Enter this amount on the federal lincome tax withheld line of your tax return. Box 5. You may be required to report this amount on Form 9959. Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 9959. 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 he 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 received, report that amount even if it is more or best full the reducted to your social security record (used to figure your benefits). Box 10. This amount is (a legendent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (calteria) plan). Any amount over 55,000 is also included in box 1 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxble amounts. Box 11. This amount is (a) reported in box 11 if its a distribution mate to your form 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 of section 457(b) plan or (b) included in box 3 and/or 5 if it s a prior year deferral and received a deferral and a distribution met axable for oscical security

should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy. **Box 122**. 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 quilify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,500. Deferrals under code H are limited to \$7,000 your employer may have allowed an additional deferral of up to \$6,500 \$3,000 for; 'you code H are limited to \$6,000 your employer may have allowed an additional deferral of up to \$6,500 \$3,000 for; color of (1(11) and 40(6) 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 the bright 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 Forms 1040 and 1040-SR.

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

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. .---Instru B---Buildculors for Forms 1040 and 1040-SR. See the Build unit form 1040 or 1040-SR. See the Build unit form 1040 or 1040-SR. See the Instructions for Forms 1040 and 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. — Elective deferrals under a section 400(b) salary reduction SEP — Elective deferrals under a section 400(b) salary reduction SEP — Elective deferrals under a section 400(b) salary reduction SEP — Elective deferrals under a section 400(b) salary reduction SEP — Elective deferrals under a section 400(b) salary reduction SEP

compensation plan H—Elective deferrats 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 parachule payments. See the Instructions for Forms 1040 and 1040-SR. Substantiated employee business expense reinbursements (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 Forms 1040 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 reinbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

P — Excludable frioring expense remove senses per entropy of the sense of the sense

Q—Nontaxable control (pay, became instruction) amount.
R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

Insurance Contracts.
 Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)
 T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.
 Insurance Contracts.
 Insurance Contributions under a section 401(k) plan
 Insurance Contributions under a section 403(k) plan
 Insurance Contributions under a section 403(k) plan
 Insurance Contributions under a section 45

EC-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, Their 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.

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