## Year To Date Earnings

<u> </u>	
Regular - Semi Mo.	106741.73
Retro Pay	458.35
Gift/Award	150.00
Charm Horm Tife > CE0000	110 16

## **Year To Date Deductions**

Pretax Medical Deduction	3211.68
Pretax Dental Plan	290.40
Health Care Spending Account	300.00
Dependent Care Spending Acct	1000.00
401(k) Contribution	5359.94
Group Term Life>\$50000 Offset	119.16
Gift/Award Offset	150.00

## 005-000130-W2-01915-CGA Capgemini America, Inc.

PO Box 17004 Augusta, GA 30903

Social Security No.: XXX-XX-4029

	1								
a Employee's social security number	per d Control number		7 Social secu	ırity tips		1 Wages	, tips, other compensation	2 Feder	ral income tax withheld
XXX-XX-4029	018809 WY/2S7						97307.22		7790.53
c Employer's name, address, and	ZIP code		8 Allocated ti	ps		3 Social s	security wages	4 Socia	I security tax withheld
Capgemini America, Inc. PO Box 17004					102667.16			6365.36	
			9		5 Medicare wages and tips		6 Medicare tax withheld		
Augusta, GA 30903							102667.16		1488.67
b Employer identification number	(EIN) <b>22-2575929</b>		10 Dependen		efits	<sup>C</sup> 12a See d	instructions for box 12 119.16	<sup>C</sup> 12b d <b>D</b>	5359.94
e Employee's first name and initia		Suff.	11 Nonqualifi	ed plans		<sup>C</sup> 12c	17011.20	C <b>12d</b>	
7 BEVERLY COMMON				Retirement TI		14 Other			
APT 28			employee	plan si	ick pay	MAE	FML 405.89		
BEVERLY, MA 01915			x						
f Employee's address and ZIP code									
15 State Employer's State ID No 16 State wages, tips, etc. 17 State income		e tax 18 Local wages, ti		vages, tip	os, etc. 19 Local income tax		20 Locality name		
MA WTH-10208007-004	97307.22	4	759.36						

Form W-2 Wage and Tax Statement

# 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.

State Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return. Filing Copy Form W-2 Wage and Tax Statement

OMB NO. 1545-0008 1 OHH VV-2	E Wage and Tax Otater	HOTH	i iiiiig oo	Departme	nt of the fre	<u>asury-internal Revenue Se</u>	ervice.		
a Employee's social security numb	per d Control number		7 Social secu	rity tips	1 Wages	, tips, other compensation	2 Federal inco	ome tax withheld	
xxx-xx-4029	018809 WY/2S7					97307.22		7790.53	
c Employer's name, address, and	ZIP code		8 Allocated tip	os	3 Social	security wages	4 Social secu	rity tax withheld	
Capgemini America, Inc.						102667.16		6365.36	
PO Box 17004				9		5 Medicare wages and tips		6 Medicare tax withheld	
Augusta, GA 30903						102667.16		1488.67	
b Employer identification number (	EIN) 22-2575929		10 Dependen	t care benefits 1000.00	C 12a See	instructions for box 12 119.16	C 12b	5359.94	
e Employee's first name and initial KASTVTSWANADH CHAVA	Last name	Suff.	11 Nonqualific	ed plans	© 12c d <b>DD</b>	17011.20	<sup>C</sup> 12d <sup>d</sup> e		
7 BEVERLY COMMONS DRI APT 28 BEVERLY, MA 01915 f Employee's address and ZIP cod			,	Retirement Third-part plan sick pay	,	PFML 405.89			
15 State Employer's State ID No 1		17 State income	tav	18 Local wages,	tine ote	19 Local income tax	20 Local	ity name	
MA WTH-10208007-004	97307.22		759.36	10 Local Wages,	ups, etc.	17 Local income tax	20 Local	ity name	

**Federal** Copy B - To Be Filed With Employee's FEDERAL Tax Return.
Department of the Treasury-Internal Revenue Service. -0008 Form W-2 Wage and Tax Statement Filing Copy

a Employee's social security numb	er d Control number		7 Social secu	rity tips	1 Wages	, tips, other compensation	2 Federal income tax withheld
XXX-XX-4029	018809 WY/2S7					97307.22	7790.53
c Employer's name, address, and a	ZIP code		8 Allocated tip	os	3 Social	security wages	4 Social security tax withheld
Capgemini America, In	c.					102667.16	6365.36
PO Box 17004			9		5 Medica	re wages and tips	6 Medicare tax withheld
Augusta, GA 30903						102667.16	1488.67
b Employer identification number (I	EIN) 22-2575929		10 Dependen	t care benefits 1000.00	C12a See	instructions for box 12 119.16	© 12b
e Employee's first name and initial KASTVTSWANADH CHAVA	Last name	Suff.	11 Nonqualific	ed plans	C12c DD	17011.20	C 12d
7 BEVERLY COMMONS DRI	VE			Retirement Third-party plan sick pay		PFML 405.89	
BEVERLY, MA 01915 f Employee's address and ZIP code	è			х			
15 State Employer's State ID No 1  MA WTH-10208007-004	6 State wages, tips, etc. <b>97307.22</b>	17 State income 4	tax <b>759.36</b>	18 Local wages, t	ps, etc.	19 Local income tax	20 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 1-800-7172-1213. 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 milliary 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 some particles of 50 in box 1, 3 or 5 in box 1, 3 or

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