Y	ear	То	Date	Earnin	۱gs
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Group Term Life > \$50,000	70.74
Engagement Performance Bonus	172.50
Retroactive Earnings Suppl	180.38
Base Salary	115410.39

Year To Date Deductions

401k Pretax Contributions	8443.74
Charitable Contributions	320.08
Dental Pre-Tax	339.60
Group Term Life > \$50,000	70.74
Medical Pre-Tax	3228.00
Power Of 1	24.00
Vision Pre-Tax	62.40
Voluntary Life Insurance	99.84

007-011434-W2-W2-48375-HCL

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

Social Security No.: XXX-XX-2087

a Employee's social security number d Control number 7 Social security tips 1 Wages, tips, other compensation 2 Federal income tax withheld 103760.27 XXX-XX-2087 040116 WY/0T3 8591.02 c Employer's name, address, and ZIP code 8 Allocated tips 3 Social security wages 4 Social security tax withheld 6956.65 112204.01 HCL AMERICA INC. 330 Potrero Ave. 5 Medicare wages and tips 6 Medicare tax withheld Sunnyvale, CA 94085-4113 112204.01 1626.96 10 Dependent care benefits 12a See instructions for box 12 12b b Employer identification number (EIN) 77-0205035 C 70.74 D 8443.74 11 Nongualified plans e Employee's first name and initial VIDHYADHAR VANAM Suff. 12c 12d Last name DD 13055.36 13 Statutory employee Retirement Third-party plan sick pay 23067 SAGEBRUSH 14 Other CHRITY 320.08 NOVI, MI 48375 х f Employee's address and ZIP code 15 State Employer's State ID No 16 State wages, tips, etc. 19 Local income tax 20 Locality name 17 State income tax 18 Local wages, tips, etc. 77-0205035 103760.27 2993.66 MI

ZUZU OMB No. 1545-0008 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.

2020 OMB No. 1545-0008 Form W-2 W	State Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return. Filing Copy Department of the Treasury-Internal Revenue Service.								
a Employee's social security number XXX-XX-2087	d Control number 040116 WY/0T3		7 Social secu	urity tips		1 Wages	, tips, other compensation 103760.27	1 2 Federa	al income tax withheld 8591.02
c Employer's name, address, and ZIP	code		8 Allocated tips		3 Social s	security wages	4 Social	4 Social security tax withheld	
HCL AMERICA INC.							112204.01	6956.65	
330 Potrero Ave.			9		5 Medica	re wages and tips	6 Medicare tax withheld		
Sunnyvale, CA 94085-411	.3						112204.01	1626.96	
b Employer identification number (EIN) 77–0205035			10 Depender	nt care be	nefits	^C 12a See ^d C	instructions for box 12 70.74	C 12b	8443.74
e Employee's first name and initial Last name Suff. VTDHYADHAR VANAM			11 Nonqualifi	fied plans		C 12c	13055.36	^C ₀ 12d e	
23067 SAGEBRUSH NOVI, MI 48375			plan	t Third-party sick pay	14 Other CHIR	2ITY 320.08			
f Employee's address and ZIP code		x							
· · · · · · · · · · · · · · · · · · ·		17 State income			ps, etc. 19 Local income tax		20 Locality name		
MI 77-0205035	103760.27	2	993.66						

2020 MB No. 1545-0008 Form W-	2 Wage and Tax Stater	nent	Federal Filing Co	Copy B - To Department		With Employee's FEDER		turn.
a Employee's social security num XXX-XX-2087	ber d Control number 040116 WY/0T3		7 Social secu	rity tips	1 Wages	, tips, other compensation 103760.27	2 Federa	I income tax withheld 8591.02
c Employer's name, address, and HCL AMERICA INC.	ZIP code		8 Allocated tip	ps	3 Social	security wages 112204.01	4 Social	security tax withheld 6956.65
330 Potrero Ave. Sunnyvale, CA 94085-4113			9		5 Medica	re wages and tips 112204.01	6 Medicare tax withheld 1626.96	
b Employer identification number (EIN) 77-0205035			10 Dependent care benefits		C12a See	e instructions for box 12 70.74	C 12b	8443.74
e Employee's first name and initia VIDHYADHAR VANAM	I Last name	Suff.	11 Nonqualifie	ed plans	C12c	13055.36	C 12d	
23067 SAGEBRUSH NOVI, MI 48375			employee	Retirement Third-party plan sick pay	14 Other CHE	RITY 320.08		
f Employee's address and ZIP coo								
15 State Employer's State ID No MI 77-0205035	16 State wages, tips, etc. 103760.27	17 State income 2	e tax 1993.66	18 Local wages, ti	ps, etc.	19 Local income tax	20 L	_ocality 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 (all dependent 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 if its a distribution mate to your on anonqualified 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 or (b) included in box 3 and/or 5 if it is a prior year deferral under an onqualified for section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral and received a deferral and a distribution mate taxable for social security year Medicare tax this year because th

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