		Year To Date Earnings				Year To Date Deductions			
006-015305-W2-W2-98059-HCL HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4113		Group Paid H Base S Specia		406.25 2.71 188.78 5112.76 750.00 8516.48	401k Pretax Contributions DENTAL PRE-TAX Group Term Life > \$50,000 Health Savings Account MEDICAL PRE-TAX POWER OF 1 VISION PRE-TAX		748.7 16.9 2.7 230.0 138.0 2.0 3.1		
Social Security No.: 127-96-2510 Marrial Status: Married Exemptions/Allowances: Federal: 4/0 State: 0/0									
a Employee's social security number	d Control number		7 Social security tips	1 Wages, tips,	other compensation	2 Federal income	ax withheld		
107 06 0510					12040 17				
127-96-2510 c Employer's name, address, and ZIP HCL AMERICA INC. 330 Potrero Ave.			8 Allocated tips 9	3 Social securi 5 Medicare wa	14588.88 ges and tips	4 Social security ta 6 Medicare tax with	2247.39 ax withheld 904.51 hheld		
c Employer's name, address, and ZIP HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4113	3			5 Medicare wa	ty wages 14588.88 ges and tips 14588.88 uctions for box 12	6 Medicare tax with	2247.39 ix withheld 904.51 nheld 211.54		
c Employer's name, address, and ZIP HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4113 b Employer identification number (EIN)	3	Suff.	9	5 Medicare wa	ity wages 14588.88 ges and tips 14588.88	6 Medicare tax with	2247.39 ax withheld 904.51 hheld		
c Employer's name, address, and ZIP HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-411. b Employer identification number (EIN) e Employee's first name and initial	2 3 77-0205035	Suff.	9 10 Dependent care benefits	5 Medicare wa	ty wages 14588.88 ges and tips 14588.88 uctions for box 12 2.71	6 Medicare tax with	2247.39 ix withheld 904.51 held 211.54 748.71		

ZUIJ OMB No. 1545-0008 Сору

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.

2019 State Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return. Form W-2 Wage and Tax Statement **Filing Copy** OMB No. 1545-0008 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 withheld 127-96-2510 032992 WY/0T3 13840.17 2247.39 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 14588.88 904.51 5 Medicare wages and tips 6 Medicare tax withheld 14588.88 211.54 10 Dependent care benefits 12a See instructions for box 12 12b b Employer identification number (EIN) 77-0205035 С 2.71 748.71 D 12c DD 11 Nongualified plans 12d **W** e Employee's first name and initial Last name Suff. 1047.50 230.00 SOUMYA BANERJEE 7100 134TH CT E NEWCASTLE, WA 98059 14 Other Retirement Third-party plan sick pay 13 Statutory employee х 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

2019 OMB No. 1545-0008 Form W-2 V	Federal Filing Copy B - To Be Filed With Employee's FEDERAL Tax Return. Department of the Treasury-Internal Revenue Service.							
a Employee's social security number 127-96-2510	d Control number 032992 WY/0T3		7 Social secu	rity tips	1 Wages	, tips, other compensation 13840.17	2 Federal	income tax withheld 2247.39
c Employer's name, address, and ZIP code HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4113			8 Allocated tips 9		3 Social security wages 14588.88 5 Medicare wages and tips 14588.88		4 Social security tax withheld 904.51 6 Medicare tax withheld 211.54	
e Employee's first name and initial SOUMYA BANERJEE	Last name	Suff.	11 Nonqualifie	ed plans	C12c d DD	1047.50	^C 12d ª ₩	230.00
7100 134TH CT E NEWCASTLE, WA 98059				Retirement Third-party plan sick pay	14 Other			
f Employee's address and ZIP code		x						
15 State Employer's State ID No 16 S	State wages, tips, etc.	17 State income	tax	18 Local wages, tip	os, etc.	19 Local income tax	20 Lo	ocality name

Notice to Employee Do you have to file? Refer to the Form 1040 Instructions to determine if you are required to file a tax return. Even if you do thave to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for

If you do not have to file a tax return, you may be eligible for a retund it box 2 snows an amount or it you are eligible. **Earned income credit (EIC).** You may be eligible for a retund it box 2 snows an amount or it you are eligible. **Earned income credit (EIC).** You may be able to take the EIC for 2019 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 withhout children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You examot take the EIC if your investment income is more than the specified amount for 2019 or if income is earned for services provided while you were an immate at a penal institution. For 2019 income limits and more information, visit **refunded to you, but only if you file a tax return. Clergy and feligious 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 rame, SSN, or adverse t, 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 from your employer for all corrections and so your and file than with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be use to get your correles of Form W-2c from your employer for all corrections made so your may file them with your tax return. If you name and SSA are correct than are on the same as shown on your social security and your should at the SSA soft security adhies your correct name at any SSA office or by calling 1-800-772-1213. You also

may 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 2019 and more than \$8,239.80 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 \$4,836.30 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 instructions and Pub. 505, Tax Withholding and Fstimated Tax. withheld, you a 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 3. Enter this amount on the federal income tax withheld line of your tax return. 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 your Form 1040 instructions. 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 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. On Form 4137, you will calculate the social security and Medicare tax owed on the allocated tips. On Form 4137, your social security tips will be credited to your social security rand Medicare tax owed on the allocated tips. Son on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filling Form 4137, your social security tips will be credited to your social security rand Medicare tax owed on the allocated tips. Son your or your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filling Form 4137, your social security tips will be credited to your social security rand would note 75,000 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, 01 reported in box 11 if its a distribution made to your form a nonqualified diretered are an ongualified or section 457(b) plan or (b) included in box 5, also will your eque deferral and randouglified or section 457(b) plan or

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 AA, BB, and EE) under all plans are generally limited to a total of \$19,000 (\$13,000 if you only have SIMPLE plans; \$22,000 for section 403(b) plans if you quilify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,000. Cis,000 for you code H are limited to \$7,000; your employer may have allowed an additional deferral of up to \$6,000 Cis,000 for you code H and Cis,010 (11) and Ad(Bg) 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 ne higher for the last 3 years before you reach relitement 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 Form 1040.

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, no 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. See the Form 1040 stru

Uncollected Medicare tax on tips. Include this tax on Form 1040. See the Form 1040 instructions. Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage

G → Elective deferrals and employer contributions (including nonelective deferrals) to a section 45/(b) deferred compensation plan H→ Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct. → Nontaxable sick pay (information only, not included in box 1, 3, or 5) → Nontaxable sick pay (information only, not included in box 1, 3, or 5) → Uncollected social security or RRT1 tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions. → Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and taxable size tax on taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and the tax on taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group term life in compensation plan

Insurance Contracts. S—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.

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

-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 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