

Year To Date Earnings

Location Allowance	10800.00
Group Term Life > \$50,000	38.08
Engagement Performance Bonus	4647.53
Retroactive Earnings Suppl	283.00
Base Salary	81710.54

Year To Date Deductions

Dental Pre-Tax	599.04
Group Hospital Post Tax	420.00
Group Term Life > \$50,000	38.08
Indian Insurance For Dependent	630.44
Medical Pre-Tax	3228.00
Vision Pre-Tax	62.40
Voluntary Life Insurance	179.76

007-002127-W2-W2-30005-HCL

Social Security No.
XXX-XX-4140

a Employee's social security number XXX-XX-4140	d Control number 008529 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 93589.71	2 Federal income tax withheld 6800.26	
c Employer's name, address, and ZIP code HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4113		8 Allocated tips	3 Social security wages 93589.71	4 Social security tax withheld 5802.56	
		9	5 Medicare wages and tips 93589.71	6 Medicare tax withheld 1357.05	
		10 Dependent care benefits	12a See instructions for box 12 C 38.08	12b DD 13055.36	
b Employer identification number (EIN) 77-0205035	e Employee's first name and initial Last name Suff. LEELAMOHANKUMAR BRUNDAVANAH 6103 MASTERS WAY ALPHARETTA, GA 30005	11 Nonqualified plans	12c	12d	
f Employee's address and ZIP code		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14 Other		
15 State Employer's State ID No GA 1876209-SA	16 State wages, tips, etc. 16346.61	17 State income tax 855.76	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

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

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

a Employee's social security number XXX-XX-4140	d Control number 008529 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 93589.71	2 Federal income tax withheld 6800.26	
c Employer's name, address, and ZIP code HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4113		8 Allocated tips	3 Social security wages 93589.71	4 Social security tax withheld 5802.56	
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2020 Form W-2 Wage and Tax Statement
OMB No. 1545-0008

Federal Filing Copy Copy B - To Be Filed With Employee's FEDERAL Tax Return.
Department of the Treasury-Internal Revenue Service

a Employee's social security number XXX-XX-4140	d Control number 008529 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 93589.71	2 Federal income tax withheld 6800.26	
c Employer's name, address, and ZIP code HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4113		8 Allocated tips	3 Social security wages 93589.71	4 Social security tax withheld 5802.56	
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