

008-002200-W2-W2-85258-HAS

Year To Date Earnings

Group Term Life > \$50,000	8.13
Paid Holiday	1696.00
Base Salary Hourly	1272.00
Termination Vacation	286.73

Year To Date Deductions

Group Term Life > \$50,000	8.13
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Social Security No.:
XXX-XX-3470

a Employee's social security number XXX-XX-3470		d Control number 001388 WY/3Q0		7 Social security tips		1 Wages, tips, other compensation 3262.86		2 Federal income tax withheld 277.16							
c Employer's name, address, and ZIP code HCL America Solutions, Inc. 330 Potrero Ave. Sunnyvale, CA 94085-4113				8 Allocated tips		3 Social security wages 3262.86		4 Social security tax withheld 202.30							
				9		5 Medicare wages and tips 3262.86		6 Medicare tax withheld 47.31							
b Employer identification number (EIN) 45-5639284				10 Dependent care benefits		C 12a See instructions for box 12 C 8.13		C 12b							
e Employee's first name and initial Last name Suff. UMAHESWARI MAYAVAN PARAMASIVAM 10455 E VIA LINDA APT164 SCOTTSDALE, AZ 85258				11 Nonqualified plans		C 12c		C 12d							
				13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		14 Other									
f Employee's address and ZIP code				15 State Employer's State ID No AZ 45-5639284		16 State wages, tips, etc. 3262.86		17 State income tax 87.88		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

2021 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.

2021 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-3470		d Control number 001388 WY/3Q0		7 Social security tips		1 Wages, tips, other compensation 3262.86		2 Federal income tax withheld 277.16							
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				13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		14 Other									
f Employee's address and ZIP code				15 State Employer's State ID No AZ 45-5639284		16 State wages, tips, etc. 3262.86		17 State income tax 87.88		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

2021 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-3470		d Control number 001388 WY/3Q0		7 Social security tips		1 Wages, tips, other compensation 3262.86		2 Federal income tax withheld 277.16							
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