Year To Date Earnings

Group Term Life > $50,000	11.40
Paid Holiday	1400.00
Overtime Supplemental Tax	10500.00
Base Salary Hourly	57960.00

Year To Date Deductions

Group Term Life > $50,000	11.40

008-000661-W2-W2-95630-HAS

HCL America Solutions, Inc.
330 Potrero Ave.
Sunnyvale, CA 94085-4113

Social Security No.:
XXX-XX-3322

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a Employee's social security number **XXX-XX-3322**	d Control number **001562 WY/3Q0**	7 Social security tips	1 Wages, tips, other compensation **69871.40**	2 Federal income tax withheld **9945.11**
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	4 Social security tax withheld
		9	5 Medicare wages and tips	6 Medicare tax withheld
b Employer identification number (EIN) **45-5639284**		10 Dependent care benefits	12a See instructions for box 12 C **11.40**	12b
e Employee's first name and initial Last name Suff. **NIHAL KONDA** **4404 HUMMINGBIRD CIRCLE** **FOLSOM, CA 95630**		11 Nonqualified plans	12c	12d
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	14 Other **CA-SDI 838.32**	
f Employee's address and ZIP code				
15 State Employer's State ID No **CA 116-7970-1**	16 State wages, tips, etc. **69871.40**	17 State income tax **4327.56**	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

2021
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.

2021
OMB No. 1545-0008   **Form W-2 Wage and Tax Statement**

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-3322**	d Control number **001562 WY/3Q0**	7 Social security tips	1 Wages, tips, other compensation **69871.40**	2 Federal income tax withheld **9945.11**
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	4 Social security tax withheld
		9	5 Medicare wages and tips	6 Medicare tax withheld
b Employer identification number (EIN) **45-5639284**		10 Dependent care benefits	12a See instructions for box 12 C **11.40**	12b
e Employee's first name and initial Last name Suff. NIHAL KONDA 4404 HUMMINGBIRD CIRCLE FOLSOM, CA 95630		11 Nonqualified plans	12c	12d
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	14 Other **CA-SDI 838.32**	
f Employee's address and ZIP code				
15 State Employer's State ID No **CA 116-7970-1**	16 State wages, tips, etc. **69871.40**	17 State income tax **4327.56**	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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2021
OMB No. 1545-0008   **Form W-2 Wage and Tax Statement**

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-3322**	d Control number **001562 WY/3Q0**	7 Social security tips	1 Wages, tips, other compensation **69871.40**	2 Federal income tax withheld **9945.11**
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	4 Social security tax withheld
		9	5 Medicare wages and tips	6 Medicare tax withheld
b Employer identification number (EIN) **45-5639284**		10 Dependent care benefits	12a See instructions for box 12 C **11.40**	12b
e Employee's first name and initial Last name Suff. NIHAL KONDA 4404 HUMMINGBIRD CIRCLE FOLSOM, CA 95630		11 Nonqualified plans	12c	12d
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	14 Other **CA-SDI 838.32**	
f Employee's address and ZIP code				
15 State Employer's State ID No **CA 116-7970-1**	16 State wages, tips, etc. **69871.40**	17 State income tax **4327.56**	18 Local wages, tips, etc.	19 Local income tax	20 Locality name