Year To Date Earn	nings
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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

<u> </u>			1				T. =
a Employee's social security num	nber d Control number		7 Social secu	rity tips	1 Wages	, tips, other compensation	2 Federal income tax withheld
XXX-XX-3322	001562 WY/3Q0				69871.40		9945.11
c Employer's name, address, and	d ZIP code		8 Allocated ti	ps	3 Social :	security wages	4 Social security tax withheld
HCL America Solution	s, Inc.						
330 Potrero Ave. Sunnyvale, CA 94085-4113			9		5 Medicare wages and tips		6 Medicare tax withheld
b Employer identification number	(EIN) 45-5639284		10 Dependen	t care benefits	[©] 12a See	instructions for box 12 11.40	© 12b
e Employee's first name and initia	al Last name	Suff.	11 Nonqualifi	ed plans	C 12c		C 12d
4404 HUMMINGBIRD CIRCLE FOLSOM, CA 95630			13 Statutory Retirement Third-party employee plan sick pay		14 Other CA-SDI 838.32		
f Employee's address and ZIP co							
15 State Employer's State ID No	16 State wages, tips, etc.	17 State income	e tax	18 Local wages, tip	os, etc.	19 Local income tax	20 Locality name
CA 116-7970-1	69871.40	4	327.56				

2021

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

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** MB 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 XXX-XX-3322 001562 WY/3Q0 69871.40 9945.11 3 Social security wages c Employer's name, address, and ZIP code 8 Allocated tips 4 Social security tax withheld HCL America Solutions, Inc. 330 Potrero Ave. Sunnyvale, CA 94085-4113 5 Medicare wages and tips 6 Medicare tax withheld 12a See instructions for box 12 10 Dependent care benefits 12b b Employer identification number (EIN) 45-5639284 11 Nonqualified plans 12d 12c Suff. e Employee's first name and initial Last name NTHAT, KONDA 14 Other 4404 HUMMINGBIRD CIRCLE 13 Statutory Retirement Third-party plan sick pay employee FOLSOM, CA 95630 CA-SDI 838.32 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 116-7970-1 4327.56

2021

OMB No. 1545-0008 Form W-2 Wage and Tax Statement Filing Copy B - To Be Filed With Employee's FEDERAL Tax Return.

Department of the Treasury-Internal Revenue Service.

a Employee's social security numb XXX-XX-3322	er d Control number 001562 WY/3Q0		7 Social secu	rity tips	1 Wages	, tips, other compensation 69871.40	2 Federal income tax withheld 9945.11
c Employer's name, address, and 2	ZIP code		8 Allocated tip	ps	3 Social	security wages	4 Social security tax withheld
HCL America Solutions 330 Potrero Ave. Sunnyvale, CA 94085-4	•		9		5 Medica	re wages and tips	6 Medicare tax withheld
b Employer identification number (EIN) 45-5639284		10 Dependen	t care benefits	C12a See	instructions for box 12 11.40	C 12b
e Employee's first name and initial Last name Suff.		Suff.	11 Nonqualified plans		C 12c		C 12d
4404 HUMMINGBIRD CIRC FOLSOM, CA 95630 f Employee's address and ZIP code			13 Statutory employee	Retirement Third-party plan sick pay	14 Other CA-	·SDI 838.32	
15 State Employer's State ID No 10 CA 116-7970-1	6 State wages, tips, etc. 69871.40	17 State income 4	tax 327.56	18 Local wages, tip	os, etc.	19 Local income tax	20 Locality name