2021 W-2 and EARNINGS SUMMARY



Employee Reference Wage and Tax Statement

Copy C for employee's records.

d Control number Dept. 101511 PITT/SXQ 000400

Employer use only

c Employer's name, address, and ZIP code

HCL GLOBAL SYSTEMS INC 24543 INDOPLEX CIRCLE **FARMINGTON HILLS MI 48335**

Corp.

Batch #02257

e/f Employee's name, address, and ZIP code

HEMANTH MADHAGANI 3783 FOX RUN DRIVE **APT#710**

| ВІ | LUE | ASH OH 4523 | 6 | | | | | |
|---------------------|----------------------------|------------------------|--------------|-------------------------------|---------|---------|-------------------|--|
| b | b Employer's FED ID number | | | a Employee's SSA number | | | | |
| | | 13-4309337 | | | XXX | -XX | -8486 | |
| 1 | Wages | s, tips, other comp. | 2 | 2 Federal income tax withheld | | | | |
| | | 258852.72 | | | | | 47967.80 | |
| 3 | Social | security wages | 4 | Socia | l secu | rity | tax withheld | |
| | | 142800.00 | | | | | 8853.60 | |
| 5 | Medica | are wages and tips | 6 | Medic | are ta | x wi | thheld | |
| | | 258852.72 | | 4283.03 | | | | |
| 7 | 7 Social security tips | | 8 | Alloca | ted ti | ps | | |
| 9 | 9 | | 10 | Depen | dent | care | benefits | |
| 11 | Nonqu | alified plans | 12a | See in | structi | onsfo | or box 12 | |
| 14 | Other | | 12b | 1 | | | | |
| 14 | Other | 31 | 12c | | | | | |
| | | | 12d | | | | | |
| | | | 13 | Stat en | np Ret | . plan | 3rd party sick pa | |
| 15 | State | Employer's state ID no | D. 16 | State | wages | , tip | s, etc. | |
| ОН 52-7429286 | | | 258852.72 | | | | | |
| 17 State income tax | | 18 | Local | wages | s, tip | s, etc. | | |
| | | 10060.20 | | | | | | |
| 19 | 19 Local income tax | | | 20 Locality name | | | | |

| _ | | | | | | | | |
|--|----------------------------|-------|---|-------------------------------|--------|--------|------|---------------|
| 1 | 1 Wages, tips, other comp. | | | 2 Federal income tax withheld | | | | |
| 258852.72 | | | | | | 4 | 796' | 7.80 |
| 3 Social security wages 142800.00 | | | 4 | Social | secur | | | nheld 3.60 |
| 5 Medicare wages and tips 258852.72 | | | 6 | Medica | re tax | | | 3.03 |
| d | Control number | Dept. | | Corp. | Em | ployer | use | only |
| 101511 PITT/SXQ 000400 | | | | | A | | | |
| | | | | | | | | |

c Employer's name, address, and ZIP code

HCL GLOBAL SYSTEMS INC 24543 INDOPLEX CIRCLE **FARMINGTON HILLS MI 48335**

| b | Employer's FED ID number 13-4309337 | a Employee's SSA number XXX-XX-8486 | | | | |
|-----|---|--|--|--|--|--|
| 7 | Social security tips | 8 Allocated tips | | | | |
| 9 | | 10 Dependent care benefits | | | | |
| 11 | Nonqualified plans | 12a See instructions for box 12 | | | | |
| 14 | Other | 12b | | | | |
| | | 12c | | | | |
| | | 12d | | | | |
| | | 13 Stat emp Ret. plan 3rd party sick pay | | | | |
| e/f | e/f Employee's name, address and ZIP code | | | | | |

HEMANTH MADHAGANI 3783 FOX RUN DRIVE APT#710 BLUE ASH OH 45236

| 15 State Emp | oloyer's state | ID no. | 16 | State | wages, | tips, etc. |
|---------------------|----------------|--------|----|-------|--------|------------|
| OH 52- | 7429286 | | | | | 258852.72 |
| 17 State income tax | | | 18 | Local | wages, | tips, etc. |
| | 10060 | .20 | | | | |
| 40 1 1 1 | | | | 1 1 | | |

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Retu

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | OH. State Wages, Tips, Etc. Box 16 of W-2 |
|------------------------------|--|--|-----------------------------------|---|
| Gross Pay | 266,007.32 | 266,007.32 | 266,007.32 | 266,007.32 |
| Less Misc. Non Taxable Comp. | 2,000.00 | 2,000.00 | 2,000.00 | 2,000.00 |
| Less Other Cafe 125 | 5,154.60 | 5,154.60 | 5,154.60 | 5,154.60 |
| Wages Over Limit | N/A | 116,052.72 | N/A | N/A |
| Reported W-2 Wages | 258,852.72 | 142,800.00 | 258,852.72 | 258,852.72 |

2. Employee Name and Address.

HEMANTH MADHAGANI 3783 FOX RUN DRIVE APT#710 BLUE ASH OH 45236

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BLUE ASH OH 45236

ОН 52-7429286

17 State income tax 10060.20 19 Local income tax

15 State Employer's state ID no. 16 State wages, tips, etc.

OH.State Reference

Statement

Copy 2 to be filed with employee's State Income Tax Return

Wage and Tax

18 Local wages, tips, etc.

20 Locality name

| 1 Wages, tips, other comp. 258852.72 | | | 2 Federal income tax withheld 47967.80 | | | | |
|--|-------------|-------------|--|--------------|--------------------|--|--|
| 3 Social security wages 142800.00 | | | 4 Social security tax withheld 8853.60 | | | | |
| 5 Medicare wages and tips 258852.72 | | | Medica | are tax wi | thheld 4283.03 | | |
| d Control number | Dept. | (| Corp. | Employ | er use only | | |
| 101511 PITT/SX | 000400 | | | A | | | |
| c Employer's name, | address, ar | nd Z | IP cod | le | | | |
| FARMING b Employer's FED II | | | | MI 483 | | | |
| b Employer's FED ID number 13-4309337 | | | XXX-XX-8486 | | | | |
| 7 Social security tips | | | 8 Allocated tips | | | | |
| 9 | | 10 | Depen | dent care | benefits | | |
| 11 Nonqualified plans | , | 12 a | | | | | |
| 14 Other | | 12b | | | | | |
| | | 12c | T i | | | | |
| | | | i i | | | | |
| | | 13 : | Stat em | p. Ret. plan | 3rd party sick pay | | |
| e/f Employee's name, | address ar | nd Z | IP cod | le | • | | |
| HEMANTH MADHAGANI 3783 FOX RUN DRIVE APT#710 | | | | | | | |

| 1 Wages, tips, other comp. 258852.72 | 2 Federal income tax withheld 47967.80 | | | | | |
|---|---|--|--|--|--|--|
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| 5 Medicare wages and tips 258852.72 | 6 Medicare tax withheld 4283.03 | | | | | |
| d Control number Dept. | Corp. Employer use only | | | | | |
| 101511 PITT/SX0 000400 | A | | | | | |
| c Employer's name, address, ar | nd ZIP code | | | | | |
| HCL GLOBAL S 24543 INDOPLEX FARMINGTON H | CIRCLE | | | | | |
| b Employer's FED ID number 13-4309337 | a Employee's SSA number XXX-XX-8486 | | | | | |
| 7 Social security tips | 8 Allocated tips | | | | | |
| 9 | 10 Dependent care benefits | | | | | |
| 11 Nonqualified plans | 12a | | | | | |
| 14 Other | 12b | | | | | |
| | 12c | | | | | |
| | 12d | | | | | |
| | 13 Stat emp. Ret. plan 3rd party sick pay | | | | | |
| e/f Employee's name, address ar | nd ZIP code | | | | | |
| HEMANTH MADHAGANI 3783 FOX RUN DRIVE APT#710 BLUE ASH OH 45236 | | | | | | |
| 15 State Employer's state ID no. OH 52-7429286 | 16 State wages, tips, etc. 258852.72 | | | | | |
| 17 State income tax 10060.20 | 18 Local wages, tips, etc. | | | | | |
| 19 Local income tax | 20 Locality name | | | | | |
| OH.State Filing Copy | | | | | | |

Wage and Tax

Statement

Copy 2 to be filed with employee's State Income Tax Retu