Year To Date Earnings

Group Term Life > \$50,000	34.77
Project Allowance	1500.00
Engagement Performance Bonus	6175.32
Retroactive Earnings Suppl	362.05
Base Salary	79013.45
Special Skill Allowance	5500.08
Termination Vacation	3497.59

Year To Date Deductions

401k Pretax Contributions	4802.45
Dental Pre-Tax	398.40
Group Term Life > \$50,000	34.77
Indian Insurance For Dependent	396.33
Medical Pre-Tax	3390.00
Vision Pre-Tay	-10 56

Social Security No.: XXX-XX-6827

HCL AMERICA INC.

330 Potrero Ave. Sunnyvale, CA 94085-4113

006-007094-W2-W2-78240-HCL

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-6827	051400 WY/0T3						87502.97		14860.05
c Employer's name, address, and ZIP code			8 Allocated tips		3 Social security wages		4 Social security tax withheld		
HCL AMERICA INC. 330 Potrero Ave.					92305.42		5722.94		
			9			5 Medicare wages and tips		6 Medicare tax withheld	
Sunnyvale, CA 94085-4113						92305.42			1338.43
b Employer identification number (EIN) 77–0205035			10 Dependent care benefits			[©] 12a See d	instructions for box 12 34.77	C 12b	4802.45
e Employee's first name and initial Last name NALINI PRASAD MADDUKURI 4980 USAA BLVD APT 111 SAN ANTONIO. TX 78240		Suff.	11 Nonqualified plans			[©] 12c	16061.76	C 12d	
				Retirement plan	Third-party sick pay	14 Other			
f Employee's address and ZIP code				x					
15 State Employer's State ID No 16 St	ate wages, tips, etc.	17 State income	tax	18 Local	wages, tip	os, etc.	19 Local income tax	20 L	ocality name

2022

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.

2022

State

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

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

a Employee's social security number | d Control number | D51400 MW/073 | 27 Feb. | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2877 | 2

a Employee's social security number XXX-XX-6827	d Control number 051400 WY/0T3		7 Social secu	rity tips	1 Wages	, tips, other compensation 87502.97	2 Federal	income tax withheld 14860.05
c Employer's name, address, and ZIP code		8 Allocated tips		3 Social s	security wages	4 Social security tax withheld		
HCL AMERICA INC.						92305.42		5722.94
330 Potrero Ave.	ro Ave. 9 5 Medicare wages and tips		re wages and tips	6 Medicare tax withheld				
Sunnyvale, CA 94085-4113						92305.42		1338.43
b Employer identification number (EIN)	77-0205035		10 Dependen	t care benefits	^C 12a See d	instructions for box 12 34.77	C 12b	4802.45
e Employee's first name and initial Last name NALINI PRASAD MADDUKURI 4980 USAA BLVD APT 111 SAN ANTONIO, TX 78240		Suff.	11 Nonqualifi	ed plans	C 12c	16061.76	C 12d	
			13 Statutory employee	Retirement Third-party plan sick pay	14 Other			
f Employee's address and ZIP code				x				
15 State Employer's State ID No 16 Sta	ate wages, tips, etc.	17 State income	tax	18 Local wages, tip	ps, etc.	19 Local income tax	20 Lo	ocality name

2022

Federal

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

Filing Copy Form W-2 Wage and Tax Statement Department of the Treasury-Internal Revenue Servi d Control number 7 Social security tips 1 Wages, tips, other compensation Employee's social security number 2 Federal income tax withheld 051400 WY/0T3 87502.97 XXX-XX-6827 14860.05 c Employer's name, address, and ZIP code 3 Social security wages 8 Allocated tips 4 Social security tax withheld 92305.42 5722.94 HCL AMERICA INC. 5 Medicare wages and tips 6 Medicare tax withheld 330 Potrero Ave. Sunnyvale, CA 94085-4113 92305.42 1338.43 10 Dependent care benefits 12a See instructions for box 12 C 34.77 b Employer identification number (EIN) 77–0205035 4802.45 D 11 Nonqualified plans 12d 12c e Employee's first name and initial Suff. 16061.76 DDNALINI PRASAD MADDUKURI 13 Statutory 14 Other Retirement Third-party 4980 USAA BLVD APT 111 employee plan sick pay SAN ANTONIO, TX 78240 x 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

Notice to Employee
Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even
if you do not have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for

any credit.

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AcI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than the specified amount for 2022 or fin income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/elic. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

of your SSN. However, your employer has reported your compete 35th out in 6 and the 38th SSN. Administration (SSA).

Clergy and religious workers. If you are not subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment necord. Be sure to ask the employer to file Form W-2c. Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at www.socialsecurity.gov.

www.socialsecurity.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The

reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable. Credit for excess taxes. If you had more than one employer in 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tay. See the Cern 1000 instruction. your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for

Instructions for Employee
Box 1. Enter this amount on the wages line of your tax return.
Box 2. Enter this amount on the federal income tax withheld line of your tax return.
Box 5. You may be required to report this amount on Form 8959. Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.
Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200.000.
Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.
You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tips amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security tips (figure your benefits).
Box 10. This amount is (a) reported in box 1, 1 fit is a distribution made to you from a nonqualified deferred.

included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box should not be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

give you a copy

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax
return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under al
plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b)
plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500.

Deferrals under code H are limited to \$7,000.

Limited First Institute and Side 1 and 50 in 2022 your employer may have allowed an additional deferral of up to \$6,5

Desertans unuser code H are limited to \$7,000. However, if you were at least age \$5 in 2022, your employer may have allowed an additional deferral of up to \$6,500. (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code \$G\$, the limit on elective deferrals may be higher for the last 3 great before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in millitary service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 0 instructions Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5).

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE

ase), and 5).

—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE elitement account that is part of a section 401(k) arrangement.

—Elective deferrals under a section 403(k) salary reduction agreement

—Elective deferrals under a section 403(k)(6) salary reduction SEP

—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred

compensation plan

High graph common syntax and employer common syntax and profession plan

High graph common syntax and employer common syntax and profession plan. See the Form 1040 instructions for how to deduct. how to deduct.

J—Nonlaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Incollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only).

See the Form 1040 instructions

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5).

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

n—Emproyer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

Income from exercise of nontry stock option(s) (included in box et 1.3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable income, for reporting requirements.

Income from exercise of nontropy stock option (s) (included in box et 1.3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable income, for reporting requirements.

Income in the savings account. Report on Form 8889, Health Savings, counts (HSAs).

—Deterrals under a section 409A nonqualified deferred compensation plan.

—Income under a nonqualified deferred compensation plan that falls to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan.

DB—Designated Roth contributions under a section 403(b) plan.

DB—Cost of employer-sponsored health coverage. The amount reported with Code DD is not taxable.

EE—Designated Roth contributions under a section 457(b) plan. This amount does not apply to contributions under a sex-empt or analysic on section 457(b) plan.

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF-Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs), Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filling your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

GENTAL THE DED. PLEASE MAKE A COPY OF YOUR STATE OR FEDERAL FILING COPY FOR USE WITH YOUR CITY OR LOCAL TAX FILING