

**Year To Date Earnings**

Regular - Semi Mo. 195833.49  
Group Term Life > \$50000 632.50

**Year To Date Deductions**

Pretax Medical Deduction 2758.08  
Pretax Dental Plan 522.72  
Health Savings Account 7300.00  
CGA AD&D Insurance 50.40  
Supp Long Term Disability 339.12  
Mercer Voluntary Deductions 268.24  
401(k) Contribution 16250.00  
Roth 401(k) Contribution 4250.00  
Group Term Life-\$50000 Offset 632.50

008-007578-W2-53188-CGA-1 of 2

Social Security No.:  
XXX-XX-4863

a Employee's social security number XXX-XX-4863		d Control number 007156 WY/2S7		7 Social security tips		1 Wages, tips, other compensation 169635.19		2 Federal income tax withheld 37076.46	
c Employer's name, address, and ZIP code Capgemini America, Inc. PO Box 17004 Augusta, GA 30903				8 Allocated tips		3 Social security wages 147000.00		4 Social security tax withheld 9114.00	
				9		5 Medicare wages and tips 185885.19		6 Medicare tax withheld 2695.34	
b Employer identification number (EIN) 22-2575929				10 Dependent care benefits		12a See instructions for box 12 AA 4250.00		12b C 632.50	
e Employee's first name and initial GUPTA V KALLEPALLI		Last name 2535 EMSLIE DR		Suff. WAUKESHA, WI 53188		11 Nonqualified plans		12c D 16250.00	
f Employee's address and ZIP code				13 Statutory employee <input type="checkbox"/>		Retirement plan <input checked="" type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's State ID No WI 036 0000079852 04		16 State wages, tips, etc. 169635.19		17 State income tax 8681.15		18 Local wages, tips, etc.		19 Local income tax	
20 Locality name									

**2022** 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.

**2022** 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-4863		d Control number 007156 WY/2S7		7 Social security tips		1 Wages, tips, other compensation 169635.19		2 Federal income tax withheld 37076.46	
c Employer's name, address, and ZIP code Capgemini America, Inc. PO Box 17004 Augusta, GA 30903				8 Allocated tips		3 Social security wages 147000.00		4 Social security tax withheld 9114.00	
				9		5 Medicare wages and tips 185885.19		6 Medicare tax withheld 2695.34	
b Employer identification number (EIN) 22-2575929				10 Dependent care benefits		12a See instructions for box 12 AA 4250.00		12b C 632.50	
e Employee's first name and initial GUPTA V KALLEPALLI		Last name 2535 EMSLIE DR		Suff. WAUKESHA, WI 53188		11 Nonqualified plans		12c D 16250.00	
f Employee's address and ZIP code				13 Statutory employee <input type="checkbox"/>		Retirement plan <input checked="" type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's State ID No WI 036 0000079852 04		16 State wages, tips, etc. 169635.19		17 State income tax 8681.15		18 Local wages, tips, etc.		19 Local income tax	
20 Locality name									

**2022** 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-4863		d Control number 007156 WY/2S7		7 Social security tips		1 Wages, tips, other compensation 169635.19		2 Federal income tax withheld 37076.46	
c Employer's name, address, and ZIP code Capgemini America, Inc. PO Box 17004 Augusta, GA 30903				8 Allocated tips		3 Social security wages 147000.00		4 Social security tax withheld 9114.00	
				9		5 Medicare wages and tips 185885.19		6 Medicare tax withheld 2695.34	
b Employer identification number (EIN) 22-2575929				10 Dependent care benefits		12a See instructions for box 12 AA 4250.00		12b C 632.50	
e Employee's first name and initial GUPTA V KALLEPALLI		Last name 2535 EMSLIE DR		Suff. WAUKESHA, WI 53188		11 Nonqualified plans		12c D 16250.00	
f Employee's address and ZIP code				13 Statutory employee <input type="checkbox"/>		Retirement plan <input checked="" type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's State ID No WI 036 0000079852 04		16 State wages, tips, etc. 169635.19		17 State income tax 8681.15		18 Local wages, tips, etc.		19 Local income tax	
20 Locality name									