Æ?	National Account Services
	Outsourcing for HR, Benefits and Payroll

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

Year To Date Earnings

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

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

Social Security No.: XXX-XX-4863

Employee's social security number d Control number XXX-XX-4863 007156 WY/2S7			7 Social secu	urity 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.			8 Allocated ti	ps	3 Social s	security wages 147000.00	4 Social security tax withheld 9114.00		
PO Box 17004 Augusta, GA 30903			9		5 Medica	re wages and tips 185885.19	6 Medicare tax withheld 2695.34		
b Employer identification number (EIN) 22-2575929				nt care benefits	12a See	instructions for box 12 4250.00	C 12b	632.50	
e Employee's first name and initial Last name GUPTA V KALLEPALLI 2535 EMSLIE DR WAUKESHA, WI 53188		Suff.	11 Nonqualif	ied plans	C 12c	16250.00	0 12d DD	18222.32	
			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 St WI 036 0000079852 04	tate wages, tips, etc. 169635.19	17 State income 868	tax 81.15	18 Local wages, tip	ps, etc.	19 Local income tax	20 1	Locality name	

Form W-2 Wage and Tax Statement

Employee's Сору

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 OMB No. 1545-0008 Form W-2	State Copy 2 - To Be Filed With Employee's State, City, or Local Income Ta Department of the Treasury-Internal Revenue Service.									
a Employee's social security number 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.			8 Allocated tips			3 Social s	ecurity wages 147000.00	4 Social security tax withheld 9114.00		
PO Box 17004 Augusta, GA 30903			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			d AA	instructions for box 12 4250.00	12b C	632.50	
e Employee's first name and initial Last name Suff. GUPTA V KALLEPALLI			11 Nonqualified plans			12c D	16250.00	12d DD	18222.32	
2535 EMSLIE DR WAUKESHA, WI 53188			13 Statutory employee	Retireme	nt Third-party sick pay	14 Other				
f Employee's address and ZIP code				Ľ						
15 State Employer's State ID No		e tax 18 Local wages, tips 81.15		ps, etc. 19 Local income tax		20 Locality name				

2022 OMB No 1545-0008 Form W-2	Federal Filing Co	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			8 Allocated tip	ps		3 Social s	ecurity wages 147000.00	4 Social security tax withheld 9114.00	
Capgemini America, Inc. PO Box 17004 Augusta, GA 30903			9			5 Medicare wages and tips 185885.19		6 Medicare tax withheld 2695.34	
b Employer identification number (EIN) 22-2575929			10 Dependent			d AA	instructions for box 12 4250.00	12b	632.50
e Employee's first name and initial	Last name	Suff.	11 Nonqualific	ed plans	· · · · · · · · · · · · · · · · · · ·	12c D	16250.00	12d DD	18222.32
2535 EMSLIE DR WAUKESHA, WI 53188 f Employee's address and ZIP code			13 Statutory employee		nt Third-party sick pay	14 Other			
15 State Employer's State ID No 16 State wages, tips, etc. 17 State incom		tax 31.15	18 Local wages, ti		ps, etc.	19 Local income tax	20	Locality name	