

Year To Date Earnings

Group Term Life > \$50,000 17.24
Base Salary 28660.29

Year To Date Deductions

Dental Pre-Tax 27.30
Group Accident Post Tax 25.44
Group Term Life > \$50,000 17.24
401k Roth 2823.24
Medical Pre-Tax 44.59
Power Of 1 7.00
Vision Pre-Tax 6.37

006-014516-W2-W2-78628-HCL

Social Security No.:
XXX-XX-5126

a Employee's social security number XXX-XX-5126		d Control number 016253 WY/OT3		7 Social security tips		1 Wages, tips, other compensation 28599.27		2 Federal income tax withheld 4979.67		
c Employer's name, address, and ZIP code HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4113				8 Allocated tips		3 Social security wages 28599.27		4 Social security tax withheld 1773.15		
				9		5 Medicare wages and tips 28599.27		6 Medicare tax withheld 414.69		
				10 Dependent care benefits		12a See instructions for box 12 AA 2823.24		12b C 17.24		
b Employer identification number (EIN) 77-0205035				11 Nonqualified plans		12c DD 1460.00		12d W 100.02		
e Employee's first name and initial Last name Suff. SURESH BABU CHANDRASEKARAN 213 SERPENS STREET GEORGETOWN, TX 78628				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		14 Other				
				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

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-5126		d Control number 016253 WY/OT3		7 Social security tips		1 Wages, tips, other compensation 28599.27		2 Federal income tax withheld 4979.67		
c Employer's name, address, and ZIP code HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4113				8 Allocated tips		3 Social security wages 28599.27		4 Social security tax withheld 1773.15		
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				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

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-5126		d Control number 016253 WY/OT3		7 Social security tips		1 Wages, tips, other compensation 28599.27		2 Federal income tax withheld 4979.67		
c Employer's name, address, and ZIP code HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4113				8 Allocated tips		3 Social security wages 28599.27		4 Social security tax withheld 1773.15		
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e Employee's first name and initial Last name Suff. SURESH BABU CHANDRASEKARAN 213 SERPENS STREET GEORGETOWN, TX 78628				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		14 Other				
				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