Year To Date Earnings

Group Term Life > \$50,000	5.10
Relocation Payment Suppl	400.00
Base Salary	17637.31

Year To Date Deductions

Dental Pre-Tax	12.73
Group Term Life > \$50,000	5.10
Indian Insurance For Dependent	273.83
Medical Pre-Tax	126.41
Vision Pre-Tax	2.97
Voluntary Life Insurance	2.97
Work Permit Advance	1250.00

006-012603-W2-W2-20006-HCL-1 of 2

HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4113

Social Security No.: XXX-XX-6533

a Employee's social security numb XXX-XX-6533	er d Control number 062694 WY/0T3			7 Social security tips			tips, other compensation 17900.30	2 Federal income tax withheld 2876.55		
c Employer's name, address, and ZIP code			8 Allocated tips 3			3 Social s	security wages 17900.30	4 Social security tax withheld 1109.82		
HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4	113		9			5 Medica	re wages and tips 17900.30	6 Medica	are tax withheld 259.55	
b Employer identification number (EIN) 77-0205035		10 Dependen	it care b	penefits	୍ଦି 12a See ଜ ପ	instructions for box 12 5.10	ି12b ଆସି DD	1255.32	
e Employee's first name and initial SATEESH TOKALA 1850 STREET NORTHW WASHINGTON, DC 200 f Employee's address and ZIP code	06	Suff.			ent Third-party sick pay	C 12c d 14 Other		C 12d	<u> </u>	
15 State Employer's State ID 10 DC 300000036355 10 <	5 State wages, tips, etc. 11346.73	17 State incom	e tax 662.23	18 Lo	cal wages, tip	os, etc.	19 Local income tax	20	Locality name	
2022 Form W-2 OMB No. 1545-0008	Employe Copy	e's	Department to the Interna	of the Treated al Revenue	Service. If you are require	rvice. This d to file a	mployee on back.) information is being furnished tax return, a negligence penalt axable and you fail to report it.			



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2022			State	~		Po Filed W	Vith Employee's State, Ci	hu or Loo	al Incomo Tox Boturn
	age and Tax Stater	nent	Filing Co	10.1 <i>1</i>			asury-Internal Revenue Se		
a Employee's social security number	d Control number		7 Social secu	rity tips		1 Wages,	tips, other compensation	2 Federa	I income tax withheld
XXX-XX-6533	062694 WY/0T3						17900.30		2876.55
c Employer's name, address, and ZIP	code		8 Allocated tip	os		3 Social s	ecurity wages	4 Social	security tax withheld
HCL AMERICA INC.							17900.30		1109.82
330 Potrero Ave.			9			5 Medicar	e wages and tips	6 Medica	re tax withheld
Sunnyvale, CA 94085-4113	3						17900.30		259.55
b Employer identification number (EIN)	77-0205035		10 Dependent	t care be	nefits	C 12a See	instructions for box 12 5.10	C12b	1255.32
	Last name	Suff.	11 Nonqualifie	ed plans		° <u>C</u> 12c	5.10	C 12d	1233.32
1850 STREET NORTHWEST WASHINGTON, DC 20006				Retirement plan	Third-party sick pay	14 Other			
f Employee's address and ZIP code									
15 State Employer's State ID No 16 St	ate wages, tips, etc.	17 State income	tax	18 Loca	l wages, tip	os, etc.	19 Local income tax	20 L	_ocality name
DC 30000036355	11346.73		662.23						

2022 OMB No. 1545-0008 Form W-	2 Wage and Tax State		Federal Filing Copy B - To Be Filed With Employee's FEDERAL Tax Return. Department of the Treasury-Internal Revenue Service.					
a Employee's social security num XXX-XX-6533	ber d Control number 062694 WY/0T3		7 Social secu	rity tips	1 Wages	, tips, other compensation 17900.30	2 Federa	al income tax withheld 2876.55
c Employer's name, address, and	ZIP code		8 Allocated ti	ps	3 Social s	security wages	4 Social	l security tax withheld
HCL AMERICA INC.						17900.30		1109.82
330 Potrero Ave. Sunnyvale, CA 94085-	4113		9		5 Medica	re wages and tips 17900.30	6 Medic	are tax withheld 259.55
b Employer identification number	(EIN) 77-0205035		10 Dependen	t care benefits	C12a See	instructions for box 12 5.10	° 12b d DD	1255.32
e Employee's first name and initia SATEESH TOKALA	al Last name	Suff.	11 Nonqualifi	ed plans	C d d		C 12d	1
1850 STREET NORTHWES	=			Retirement Third-party plan sick pay	14 Other			
WASHINGTON, DC 20006								
f Employee's address and ZIP co								
15 State Employer's State ID No	16 State wages, tips, etc.	17 State income	tax	18 Local wages, tip	os, etc.	19 Local income tax	20	Locality name
DC 30000036355	11346.73		662.23					

006-012603-W2-W2-20006-HCL-2 of 2

HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4113

Social Security No.: XXX-XX-6533

a Employee's social security number	d Control number		7 Social secu	irity tips	1 Wages	, tips, other compensation	2 Federa	al income tax withheld
XXX-XX-6533	062694 WY/0T3							
c Employer's name, address, and ZIP	code		8 Allocated ti	ps	3 Social s	security wages	4 Social	security tax withheld
HCL AMERICA INC. 330 Potrero Ave.			9		5 Medica	re wages and tips	6 Medica	are tax withheld
Sunnyvale, CA 94085-411	.3							
b Employer identification number (EIN	^{J)} 77-0205035		10 Dependen	t care benefits	^C 12a See ₫	instructions for box 12	C 12b	
e Employee's first name and initial SATEESH TOKALA	Last name	Suff.	11 Nonqualifi	ed plans	C 12c	1	ິ 12d	I
1850 STREET NORTHWE WASHINGTON, DC 20006				Retirement Third-party plan sick pay	14 Other			
f Employee's address and ZIP code								
15 State Employer's State ID No 16 S	State wages, tips, etc.	17 State income	tax	18 Local wages, tip	os, etc.	19 Local income tax	20	Locality name
VA 30-770205035F-001	6553.57		295.21					



Form W-2 Wage and Tax Statement

OMB No. 1545-0008

 Employee's
 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 MB No. 1545-0008 Form W-2 W	nent	State Filing Cop		by 2 - To Be Filed With Employee's State, City, or Local Income Tax Return artment of the Treasury-Internal Revenue Service.					
a Employee's social security number XXX-XX-6533	d Control number 062694 WY/0T3		7 Social securi	ity tips	1 Wages	, tips, other compensation 17900.30	2 Federa	l income tax withheld 2876.55	
c Employer's name, address, and ZIP of HCL AMERICA INC.	ode		8 Allocated tips	s	3 Social	security wages 17900.30	4 Social	security tax withheld 1109.82	
330 Potrero Ave. Sunnyvale, CA 94085-4113			9		5 Medica	re wages and tips 17900.30	6 Medicare tax withheld 259.55		
b Employer identification number (EIN) 77–0205035				Dependent care benefits C12a See instructions for box 12 C12		C 12b			
e Employee's first name and initial I SATEESH TOKALA	_ast name	Suff.	11 Nonqualifie	d plans	o 12c d		o 12d		
1850 STREET NORTHWEST WASHINGTON, DC 20006		-	etirement Third-party Ian sick pay	14 Other					
f Employee's address and ZIP code									
15 State Employer's State ID No 16 State VA 30-770205035F-001	ate wages, tips, etc. 6553.57	17 State income	e tax 295.21	18 Local wages, tip	os, etc.	19 Local income tax	20 L	Locality name	

2022 OMB No. 1545-0008 Form W-		Federal Filing Copy B - To Be Filed With Employee's FEDERAL Tax Return. Department of the Treasury-Internal Revenue Service.						
a Employee's social security num XXX-XX-6533	ber d Control number 062694 WY/0T3		7 Social secu	rity tips	1 Wages	, tips, other compensation	2 Feder	ral income tax withheld
c Employer's name, address, and	ZIP code		8 Allocated tip	ps	3 Social	security wages	4 Socia	I security tax withheld
HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4	4113		9		5 Medica	re wages and tips	6 Medic	care tax withheld
b Employer identification number	(EIN) 77-0205035		10 Dependen	t care benefits	C12a See	e instructions for box 12	C 12b	
e Employee's first name and initia SATEESH TOKALA	I Last name	Suff.	11 Nonqualifi	ed plans	C 0 0 0 0 0	1	C 12d	
1850 STREET NORTHWEST WASHINGTON, DC 20006	Γ			Retirement Third-party plan sick pay	14 Other			
f Employee's address and ZIP coo	le					-		
15 State Employer's State ID No VA 30-770205035F-001	16 State wages, tips, etc. 6553 • 57	17 State income	tax 295.21	18 Local wages, tip	os, 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

If you do not neve to like a lab retain, you may be chigate to a retain a retain a table at a standard of the standard of the

Of your SNN, However, your employer has reported your compare SNR to the and the state section, your definition (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 record. 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-2c. 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 wur federal income tax so the Second taxes in the second secon

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 Form 843

Instructions for Employee Box 1. Enter this amount on the wages line of your tax return. Box 2. Enter this amount on the federal lincome 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. Use Form 1137 to figure the social security and Medicare tax awed on tips you dreft as 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 Jose Form 1137 to figure the social security and Medicare tax awed on tips you din'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 record (used to figure your benefits). Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafterial) plan). Any amount over your employer paid to you or incurred on your behalf (including amounts is 0, reported in box 1 1 fit is a distribution made to you from a nonnualified deferred

included in box¹. 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 viev you a conv.

Box 102 convertight of the second sec n 403(b)

Levertars unuer code H are imited to \$7,000. However, if you were at least age 50 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 years 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 military 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). —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 elirement account that is part of a section 401(k) arrangement. —Elective deferrals under a section 403(b) salary reduction agreement —Elective deferrals under a section 408(k)(6) salary reduction SEP —Elective deferrals under a section 408(k)(6) salary reduction SEP

Compensation plan
 H—Elective deferrats to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

how to deduct. J—Nontaxable sick pay (information only, not included in box 1, 3, or 5) K—20% excise tax on excess golden parachule payments. See the Form 1040 instructions. L—Substantiated employee business expense reimbursements (nontaxable) M—Uncollected 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).
Ontaxable 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.

The provided and the provid

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. Raitroad employers use this box to report rairoad 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 filing 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.

deferral limit must be included in income, see the Form Udu instances on the Point Included in Income, see the Form Udu instances on the Point Income and th