		Year To Date Earnings			Year To Date Deductions										
Outsourcing for HR, Benefits and Psyroll 008 - 011968 - W2 - 78727 - CGA	Regular - Semi Mo. Vacation Paid Not Taken Relocation Lump Sum Payment Multistate Adjustments Multistate Tax Reimb Gross Up Group Term Life > \$50000		58338.67 3069.11 -7000.00 329.00 467.65 123.75	Vision Plan Pretax Dental CGA AD&D Insur Mercer Volunta Net Pay Adjust Group Term Lif	Pretax Medical Deduction 2041.32 Vision Plan 40.80 Pretax Dental Plan 261.36 CGA AD&D Insurance 11.55 Mercer Voluntary Deductions 272.14 Net Pay Adjustment -3017.82 Group Term Life>\$50000 Offset 123.75 Tax Equalization Offset 329.00										
Social Security No.: XXX-XX-5202															
a Employee's social security number d Control number 024277 WY/2S7		7 Social security tips		1 Wages, tips, other compensation 52655.70		n 2 Federal income tax withheld 5090.60									
c Employer's name, address, and ZIP code Capgemini America, Inc. PO Box 17004 Augusta, GA 30903		8 Allocated tips		3 Social security wages 52655.70 5 Medicare wages and tips		4 Social security tax withheld 3264.65 6 Medicare tax withheld									
								10 Dependent care benefits		\$ 12a See instructions for box 12		763.51 C 12b DD 8744.50			
		b Employer identification number (EIN) 22-2575929 e Employee's first name and initial Last name	Suff.	11 Nonqualif		C 12c	123.75	d DD	8744.50						
SANJIVAN J CHIMANGAONKAR APT 1514		13 Statutory	Retirement Third-party	14 Other		ě									
5400 W PARMER LN AUSTIN, TX 78727		employee	plan sick pay												
f Employee's address and ZIP code 15 State Employer's State ID No 16 State wages, tips, etc.	17 State income	e tax	18 Local wages, ti	os, etc. 1	9 Local income tax	20 Localit	y name								
ID 004772479 1069.35		25.00		enter de la lace											
OMB No. 1545-0008 Form W-2 Wage and Tax Statement a Employee's social security number XXX-XX-5202 d Control number 024277 WY/2S7 c Employer's name, address, and ZIP code Capgemini America, Inc. PO Box 17004 Augusta, GA 30903		7 Social security tips 8 Allocated tips		52655.70 5 Medicare wages and tips 52655.70		2 Federal income tax withheld 5090.60 4 Social security tax withheld 3264.65 6 Medicare tax withheld 763.51									
								b Employer identification number (EIN) 22-2575929	0.11	10 Dependent care benefits 11 Nonqualified plans		e C	nstructions for box 12 123.75	0 12b 0 DD	8744.50
								e Employee's first name and initial Last name SANJIVAN J CHIMANGAONKAR APT 1514 5400 W PARMER LN AUSTIN, TX 78727	Suff.	13 Statutory employee	Retirement Third-party	14 Other		0 12d	0/44.50
f Employee's address and ZIP code															
	17 State income	e tax 25.00	18 Local wages, ti	ps, etc. 1	9 Local income tax	20 Locality									
15 State Employer's State ID No 16 State wages, tips, etc. ID 004772479 1069.35 202 OMB No. 1545-0008 Form W-2 Wage and Tax Statem a Employee's social security number XXX-XX-5202 d Control number 024277 WY/2S7 c Employer's name, address, and ZIP code Capgemini America, Inc. P0 Box 17004			Copy B - To Department urity tips	Be Filed With of the Treas	9 Local income tax Ith Employee's FEDERA Sury-Internal Revenue Serips, other compensation 52655.70 curity wages 52655.70 wages and tips	L Tax Return.	ne tax withheld 5090.60 ty tax withheld 3264.65								
15 State Employer's State ID No 16 State wages, tips, etc. ID 004772479 1069.35 202 OMB No. 1545-0008 Form W-2 Wage and Tax Statem a Employee's social security number XXX-XX-5202 d Control number 024277 WY/2S7 c Employer's name, address, and ZIP code Capgemini America, Inc. PO Box 17004 Augusta, GA 30903		Federal Filing Co 7 Social sectors 8 Allocated to	Copy B - To Department urity tips	Be Filed With of the Treas 1 Wages, to the Social seconds of the Treas 5 Medicare	th Employee's FEDERA sury-Internal Revenue Serips, other compensation 52655.70 curity wages 52655.70 wages and tips 52655.70 nstructions for box 12	L Tax Return. rvice. 2 Federal incor 4 Social securi	ne tax withheld 5090.60 ty tax withheld 3264.65								
15 State Employer's State ID No 16 State wages, tips, etc. ID 004772479 1069.35 202 OMB No. 1545-0008 Form W-2 Wage and Tax Statem a Employee's social security number XXX-XX-5202 d Control number 024277 WY/2S7 c Employer's name, address, and ZIP code Capgemini America, Inc. PO Box 17004	nent Suff.	Federal Filing Co. 7 Social sectors 9 10 Dependent 11 Nonqualif	Copy B - To Department urity tips ips int care benefits ied plans Retirement Third-party	Be Filed With of the Treas 1 Wages, to the See in the Control of	th Employee's FEDERA sury-Internal Revenue Se ips, other compensation 52655.70 curity wages 52655.70 wages and tips 52655.70	L Tax Return. rvice. 2 Federal incor	ne tax withheld 5090.60 ty tax withheld 3264.65 withheld								