

**Year To Date Earnings**

Group Term Life > \$50,000	1.23
Relocation Payment Suppl	400.00
Base Salary	6224.68

**Year To Date Deductions**

Group Term Life > \$50,000	1.23
Work Permit Advance	562.50

006-000671-W2-W2-78240-HCL

Social Security No.:  
 XXX-XX-6860

a Employee's social security number XXX-XX-6860		d Control number 063327 WY/OT3		7 Social security tips	1 Wages, tips, other compensation 6625.91	2 Federal income tax withheld 1092.18
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 6625.91	4 Social security tax withheld 410.81
				9	5 Medicare wages and tips 6625.91	6 Medicare tax withheld 96.08
				10 Dependent care benefits	c 12a See instructions for box 12 C 1.23	
b Employer identification number (EIN) 77-0205035		e Employee's first name and initial Last name MOHAN ANGAYAR KANNAN 4955, USAA BLVD UNIT 54 SAN ANTONIO, TX 78240		11 Nonqualified plans	c 12c	c 12d
f Employee's address and ZIP code				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14 Other	
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-6860		d Control number 063327 WY/OT3		7 Social security tips	1 Wages, tips, other compensation 6625.91	2 Federal income tax withheld 1092.18
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 6625.91	4 Social security tax withheld 410.81
				9	5 Medicare wages and tips 6625.91	6 Medicare tax withheld 96.08
				10 Dependent care benefits	c 12a See instructions for box 12 C 1.23	
b Employer identification number (EIN) 77-0205035		e Employee's first name and initial Last name MOHAN ANGAYAR KANNAN 4955, USAA BLVD UNIT 54 SAN ANTONIO, TX 78240		11 Nonqualified plans	c 12c	c 12d
f Employee's address and ZIP code				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14 Other	
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-6860		d Control number 063327 WY/OT3		7 Social security tips	1 Wages, tips, other compensation 6625.91	2 Federal income tax withheld 1092.18
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 6625.91	4 Social security tax withheld 410.81
				9	5 Medicare wages and tips 6625.91	6 Medicare tax withheld 96.08
				10 Dependent care benefits	c 12a See instructions for box 12 C 1.23	
b Employer identification number (EIN) 77-0205035		e Employee's first name and initial Last name MOHAN ANGAYAR KANNAN 4955, USAA BLVD UNIT 54 SAN ANTONIO, TX 78240		11 Nonqualified plans	c 12c	c 12d
f Employee's address and ZIP code				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14 Other	
5 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	