Year To Date Earnings

Group Term Life > \$50,000	30.56
Engagement Performance Bonus	3262.19
Base Salary	67541.25

Year To Date Deductions

1121/advance	488.85
401k Pretax Contributions	1766.06
Critical Illness	194.27
Dental Pre-Tax	138.88
401k Loan	70.86
Group Accident Post Tax	52.58
Group Term Life > \$50,000	30.56
HSA Individual	800.00
Indian Insurance For Dependent	1245.31
401k Roth	642.96
Medical Pre-Tax	555.52
Power Of 1	16.00
Vision Pre-Tax	78.37
Voluntary Life Insurance	137.23

006-005559-W2-W2-08854-HCL-1 of 2

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

Social Security No.: XXX-XX-2566

a Employee's social security number	per d Control number		7 Social secu	rity tips	1 Wages	, tips, other compensation	2 Federal	income tax withheld	
XXX-XX-2566	042268 WY/0T3			3.1.	3	67495.17		9719.59	
c Employer's name, address, and	ZIP code		8 Allocated ti	os	3 Social	security wages	4 Social s	ecurity tax withheld	
HCL AMERICA INC.						69261.23		4294.20	
330 Potrero Ave.			9			5 Medicare wages and tips		6 Medicare tax withheld	
Sunnyvale, CA 94085-4	1113					69261.23		1004.29	
b Employer identification number (EIN) 77-0205035		10 Dependen	t care benefits	© 12a See	instructions for box 12 642.96	⁰ 12b	30.56	
e Employee's first name and initial Last name GOWTHAM VEERA SHANKER KALAVA 513 LARRY CT. PISCATAWAY. NJ 08854		Suff.	11 Nonqualified plans		^C 12c d D	1766.06	C 12d	3329.68	
				Retirement Third-party plan sick pay		- -FLI 99.12			
f Employee's address and ZIP cod				x	NJ.	-UHW 169.13			
15 State Employer's State ID No	6 State wages, tips, etc.	17 State income	tax	18 Local wages,	ips, etc.	19 Local income tax	20 Lo	ocality name	
NJ 770-205-035/000	69067.94	3:	195.42						

Form W-2 Wage and Tax Statement

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.

Form W-2 Wage and Tax Statement

State

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

Filing Copy Department of the Treasury-Internal Revenue Service a Employee's social security number d Control number 7 Social security tips 1 Wages, tips, other compensation 2 Federal income tax withheld XXX-XX-2566 042268 WY/0T3 67495.17 c Employer's name, address, and ZIP code 8 Allocated tips 3 Social security wages 4 Social security tax withheld HCL AMERICA INC. 330 Potrero Ave. 69261.23 4294.20 5 Medicare wages and tips 6 Medicare tax withheld Sunnyvale, CA 94085-4113 69261.23 1004.29 12a See instructions for box 12 10 Dependent care benefits b Employer identification number (EIN) 77-0205035 C 30.56 642.96 AA 11 Nonqualified plans 12c 12d e Employee's first name and initial Last name DD 3329.68 1766.06 GOWTHAM VEERA SHANKER KALAVA 513 LARRY CT. 13 Statutory Retirement Third-party 14 Other plan sick pay employee PISCATAWAY, NJ 08854 NJ-FLI 99.12 NJ-UHW 169.13 x 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 770-205-035/000 3195.42

Federal Copy B - To Be Filed With Employee's FEDERAL Tax Return. 8 Form W-2 Wage and Tax Statement **Filing Copy** Department of the Treasury-Internal Revenue Service

a Employee's social security num	ber d Control number		7 Social secu	rity tips	1 Wages	, tips, other compensation	2 Federal	l income tax withheld
XXX-XX-2566	042268 WY/0T3					67495.17		9719.59
c Employer's name, address, and	ZIP code		8 Allocated tip	os	3 Social s	security wages	4 Social s	security tax withheld
HCL AMERICA INC.						69261.23		4294.20
330 Potrero Ave.			9		5 Medica	re wages and tips	6 Medica	re tax withheld
Sunnyvale, CA 94085-4	4113					69261.23		1004.29
b Employer identification number	(EIN) 77-0205035		10 Dependen	t care benefits	C12a See	instructions for box 12 642.96	C 12b C	30.56
e Employee's first name and initia		Suff.	11 Nonqualific	ed plans	C12c d D	1766.06	C 12d d DD	3329.68
513 LARRY CT. PISCATAWAY, NJ 08854				Retirement Third-party plan sick pay		FLI 99.12 UHW 169.13		
f Employee's address and ZIP cod	le			x				
15 State Employer's State ID No	9	17 State income		18 Local wages, tip	os, etc.	19 Local income tax	20 L	ocality name
NJ 770-205-035/000	69067.94	3:	195.42					

		Year To	Date Earni	ngs		Year To Date	Deduction	s
006-005559-W2-W2-08854-HC	L-2 of 2							
HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4113								
Social Security No.: XXX-XX-2566								
' '	Control number		7 Social secu	urity tips	1 Wages	tips, other compensation	2 Federal in	come tax withheld
xxx-xx-2566 c Employer's name, address, and ZIP coo	042268 WY/0T3 de		8 Allocated ti	ps	3 Social s	security wages	4 Social sec	curity tax withheld
HCL AMERICA INC.			9		E Modico	re wages and tips	4 Modicara	tax withheld
330 Potrero Ave. Sunnyvale, CA 94085-4113								tax withheld
b Employer identification number (EIN)	77-0205035		10 Depender	t care benefits	୍ଟ 12a See ଞ W	instructions for box 12 933.28	^C 12b	
e Employee's first name and initial La: GOWTHAM VEERA SHANK	st name	Suff.	11 Nonqualifi	ed plans	C 12c	1	C 12d	
513 LARRY CT. PISCATAWAY, NJ 08854	EN NALAVA		13 Statutory employee	Retirement Third-party plan sick pay	14 Other			
f Employee's address and ZIP code 15 State Employer's State ID No 16 State	e wages, tips, etc.	17 State income	tax	18 Local wages, tip	os, etc.	19 Local income tax	20 Loc	ality name
2022 OMB No. 1545-0008	ge and Tax State		Employe Copy	Department	of the Trea	YEE'S RECORDS. (See No asury-Internal Revenue Se Service. If you are require	vice. This inf	formation is being furnishe
2022			01-1-			pe imposed on you if this in		
2022	ae and Tay State	ment	State	or other san	ction may l	oe imposed on you if this in With Employee's State, Ci	ncome is taxa	able and you fail to report i
OMB No. 1545-0008 Form W-2 Was a Employee's social security number d	Control number	ment	State Filing Co	or other san Copy 2 - To Department	Be Filed V	oe imposed on you if this in	ncome is taxa ty, or Local I rvice.	able and you fail to report i
OMB No. 1545-0008 Form W-2 Way	Control number 042268 WY/0T3	ment	Filing Co	or other san Copy 2 - To Department Department	Be Filed V of the Tre 1 Wages	oe imposed on you if this in With Employee's State, Ci asury-Internal Revenue Se	ty, or Local I rvice. 2 Federal in	able and you fail to report i
OMB No. 1545-0008 Form W-2 Way a Employee's social security number of the control	Control number 042268 WY/0T3	ment	7 Social secu	or other san Copy 2 - To Department Department	Be Filed V of the Tre 1 Wages 3 Social s	oe imposed on you if this in With Employee's State, Ci asury-Internal Revenue Se , tips, other compensation	ty, or Local I rvice. 2 Federal in 4 Social sec	able and you fail to report i
OMB No. 1545-0008 Form W-2 Wat a Employee's social security number of XXX-XX-2566 c Employer's name, address, and ZIP con HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4113	I Control number 042268 WY/0T3 de	ment	7 Social secular 8 Allocated to 9	or other san Copy 2 - To Department Department	Be Filed V of the Tre 1 Wages 3 Social s 5 Medica	with Employee's State, Ciasury-Internal Revenue Se, tips, other compensation security wages re wages and tips Instructions for box 12	ty, or Local I rvice. 2 Federal in 4 Social sec	income Tax Return.
OMB No. 1545-0008 Form W-2 Wat a Employee's social security number of XXX-XX-2566 C Employer's name, address, and ZIP con HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4113 b Employer identification number (EIN)	Ocontrol number 042268 WY/0T3 de 77-0205035		7 Social secular 8 Allocated to 9	Copy 2 - To Department urity tips ps	Be Filed V of the Tre 1 Wages 3 Social s	be imposed on you if this in With Employee's State, Ci asury-Internal Revenue Se tips, other compensation security wages re wages and tips	ty, or Local I rvice. 2 Federal in 4 Social sec	income Tax Return.
OMB No. 1545-0008 Form W-2 Wat a Employee's social security number of XXX-XX-2566 C Employer's name, address, and ZIP council AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4113 b Employer identification number (EIN) e Employee's first name and initial La GOWTHAM VEERA SHANKER KALL	O42268 WY/OT3 de 77-0205035 st name	ment Suff.	Filing Cc 7 Social sect 8 Allocated ti 9 10 Depender 11 Nonqualifi	Copy 2 - To Department urity tips ps nt care benefits	Be Filed V of the Tre 1 Wages 3 Social s 5 Medica	With Employee's State, Ciasury-Internal Revenue Se, tips, other compensation security wages re wages and tips instructions for box 12 933.28	ty, or Local I	income Tax Return.
OMB No. 1545-0008 Form W-2 Wat a Employee's social security number XXX-XX-2566 c Employer's name, address, and ZIP country AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4113 b Employer identification number (EIN) e Employee's first name and initial La	O42268 WY/OT3 de 77-0205035 st name		Filing Cc 7 Social secu 8 Allocated ti 9 10 Depender 11 Nonqualifi 13 Statutory	or other san Copy 2 - To Department rrity tips ps at care benefits ied plans Retirement Third-party plan sick pay	Be Filed V of the Tre 1 Wages 3 Social s 5 Medica 6 12a See W 5 12c age 1	With Employee's State, Ciasury-Internal Revenue Se, tips, other compensation security wages re wages and tips instructions for box 12 933.28	ty, or Local I	income Tax Return.
OMB No. 1545-0008 Form W-2 Wat a Employee's social security number XXX-XX-2566 c Employer's name, address, and ZIP country AMERICA INC. 330 Potrero Ave. Summyvale, CA 94085-4113 b Employer identification number (EIN) e Employee's first name and initial La GOWTHAM VEERA SHANKER KALIS13 LARRY CT. PISCATAWAY, NJ 08854 f Employee's address and ZIP code	77-0205035 st name	Suff.	Filing Cc 7 Social sect 8 Allocated ti 9 10 Depender 11 Nonqualifi 13 Statutory employee	copy 2 - To Department urity tips ps Int care benefits lied plans Retirement Third-party plan sick pay	Be Filed V of the Tre 1 Wages 3 Social s 5 Medica C 12a See W C 12c d 14 Other	With Employee's State, Ciasury-Internal Revenue Set, tips, other compensation security wages re wages and tips instructions for box 12 933.28	ty, or Local Invice. 2 Federal in 4 Social sec 6 Medicare	Income Tax Return. Income tax withheld Curity tax withheld tax withheld
OMB No. 1545-0008 Form W-2 Wat a Employee's social security number XXX-XX-2566 c Employer's name, address, and ZIP council AMERICA INC. 330 Potrero Ave. Surnryvale, CA 94085-4113 b Employer identification number (EIN) e Employee's first name and initial La COWITHAM VEERA SHANKER KALLS13 LARRY CT. PISCATAWAY, NJ 08854	77-0205035 st name		Filing Cc 7 Social sect 8 Allocated ti 9 10 Depender 11 Nonqualifi 13 Statutory employee	or other san Copy 2 - To Department rrity tips ps at care benefits ied plans Retirement Third-party plan sick pay	Be Filed V of the Tre 1 Wages 3 Social s 5 Medica C 12a See W C 12c d 14 Other	With Employee's State, Ciasury-Internal Revenue Se, tips, other compensation security wages re wages and tips instructions for box 12 933.28	ty, or Local Invice. 2 Federal in 4 Social sec 6 Medicare	income Tax Return.
OMB No. 1545-0008 Form W-2 Was a Employee's social security number xxx-xx-2566 c Employer's name, address, and ZIP code HCL AMERICA INC. 330 Potrero Ave. Sumryvale, CA 94085-4113 b Employer identification number (EIN) e Employee's first name and initial La GOWTHAM VEERA SHANKER KALISIA LARRY CT. PISCATAWAY, NJ 08854 f Employee's address and ZIP code 15 State Employer's State ID No 16 State 2022 OMB No. 1545-0008 Form W-2 Was a Employee's social security number definitions and security number definitions.	Control number 042268 WY/0T3 de 77-0205035 st name AVA e wages, tips, etc.	Suff.	Filing Cc 7 Social sect 8 Allocated ti 9 10 Depender 11 Nonqualifi 13 Statutory employee	copy 2 - To Department urity tips ps Int care benefits led plans Retirement Third-party plan sick pay It Local wages, tip Copy B - To Department	Be Filed V of the Tre 1 Wages 3 Social s W C 122 See 3 W C 14 Other 1 Other Sps, etc.	With Employee's State, Ciasury-Internal Revenue Set, tips, other compensation security wages re wages and tips instructions for box 12 933.28	ty, or Local Invice. 2 Federal in 4 Social sec 6 Medicare Call 12b Call 12c 20 Loc	income Tax Return. Income tax withheld Curity tax withheld tax withheld callity name
OMB No. 1545-0008 Form W-2 Was a Employee's social security number XXX-XX-2566 c Employer's name, address, and ZIP code HCL AMERICA INC. 330 Potrero Ave. Surmyvale, CA 94085-4113 b Employer identification number (EIN) e Employee's first name and initial La GOWTHAM VEERA SHANKER KALI 513 LARRY CT. PISCATAWAY, NJ 08854 f Employee's address and ZIP code 15 State Employer's State ID No 16 State 2022 OMB No. 1545-0008 Form W-2 Was a Employee's social security number XXX-XX-2566	Control number 042268 WY/0T3 de 77-0205035 st name AVA e wages, tips, etc.	Suff.	Filing Cc 7 Social sect 8 Allocated ti 9 10 Depender 11 Nonqualifi 13 Statutory employee	copy 2 - To Department urity tips ps The care benefits ded plans Retirement Third-party plan sick pay It Local wages, tip Copy B - To Department urity tips	Be Filed V of the Tre 1 Wages 3 Social s W C 12c See W C 14 Other PS, etc.	With Employee's State, Ciasury-Internal Revenue Set, tips, other compensation security wages re wages and tips Instructions for box 12 933.28 19 Local income tax With Employee's FEDER/asury-Internal Revenue Set, tips, other compensation	ty, or Local Invice. 2 Federal in 4 Social sec 6 Medicare C 12b C 12c 20 Loc AL Tax Returvice. 2 Federal in	income Tax Return. Income Tax Return. Income tax withheld Curity tax withheld Itax withheld Itax withheld Itax withheld Itax withheld Itax withheld Itax withheld
OMB No. 1545-0008 Form W-2 Wat a Employee's social security number XXX-XX-2566 c Employer's name, address, and ZIP code HCL AMERICA INC. 330 Potrero Ave. Surnyvale, CA 94085-4113 b Employer identification number (EIN) e Employee's first name and initial La GOWTHAM VEERA SHANKER KALLS13 LARRY CT. PISCATAWAY, NJ 08854 f Employee's address and ZIP code 15 State Employer's State ID No 16 State 2022 OMB No. 1545-0008 Form W-2 Wat a Employee's social security number XXX-XX-2566 c Employer's name, address, and ZIP code HCL AMERICA INC. 330 Potrero Ave.	Control number 042268 WY/0T3 de 77-0205035 st name AVA e wages, tips, etc.	Suff.	Filing Cc 7 Social sect 8 Allocated ti 9 10 Depender 11 Nonqualifi 13 Statutory employee tax Federal Filing Cc	copy 2 - To Department urity tips ps The care benefits ded plans Retirement Third-party plan sick pay It Local wages, tip Copy B - To Department urity tips	Be Filed V of the Tre 1 Wages 3 Social s W c 12c g 14 Other Tre 1 Wages 1 Social s W c 12c g 14 Other 1 Wages 1 Social s Social s 3 Social s 3 Social s 1	With Employee's FEDER, asury-Internal Revenue Set 19 Local income tax	ty, or Local I rivice. 2 Federal in 4 Social sec 6 Medicare 6 Medicare 6 12b 20 Loc AL Tax Returivice. 2 Federal in	income Tax Return. Income tax withheld Curity tax withheld tax withheld callity name
OMB No. 1545-0008 Form W-2 Wat a Employee's social security number XXX-XX-2566 c Employer's name, address, and ZIP code HCL, AMERICA INC. 330 Potrero Ave. Summyvale, CA 94085-4113 b Employer identification number (EIN) e Employee's first name and initial La COWTHAM VEERA SHANKER KALSTALL ARRY CT. PISCATAWAY, NJ 08854 f Employee's address and ZIP code 15 State Employer's State ID No 16 State ID No 16 State ID No 16 State ID No 17 State ID No 18 Stat	Control number 042268 WY/0T3 de 77-0205035 st name AVA e wages, tips, etc. ge and Tax States Control number 042268 WY/0T3 de	Suff.	Filing Co 7 Social sect 8 Allocated ti 9 10 Depender 11 Nonqualif 13 Statutory employee tax Federal Filing Co 7 Social sect 8 Allocated ti	copy 2 - To Department urity tips ps The care benefits ded plans Retirement Third-party plan sick pay It Local wages, tip Copy B - To Department urity tips	Be Filed V of the Tre 1 Wages 3 Social s W C 12c See 1 14 Other 1 1 Wages 1 3 Social s Social	With Employee's State, Ciasury-Internal Revenue Set tips, other compensation security wages re wages and tips 19 Local income tax With Employee's FEDER: assury-Internal Revenue Set, tips, other compensation security wages re wages and tips security wages re wages and tips security wages re wages and tips security wages re wages and tips instructions for box 12	ty, or Local I rivice. 2 Federal in 4 Social sec 6 Medicare 6 Medicare 6 12b 20 Loc AL Tax Returivice. 2 Federal in	income Tax Return. Income Tax Return. Income tax withheld Curity tax withheld Itax withheld
OMB No. 1545-0008 Form W-2 Way a Employee's social security number XXX-XX-2566 c Employer's name, address, and ZIP coo HCL AMERICA INC. 330 Potrero Ave. Surnryvale, CA 94085-4113 b Employer identification number (EIN) e Employee's first name and initial La COWITHAM VEERA SHANKER KALI 513 LARRY CT. PISCATAWAY, NJ 08854 f Employee's address and ZIP code 15 State Employer's State ID No 16 State 2022 OMB No. 1545-0008 Form W-2 Way a Employee's social security number XXX-XX-2566 c Employer's State ID No 210 COUNTY NEW ACCOUNTY NEW ACCOU	Control number 042268 WY/0T3 de 77-0205035 st name AVA e wages, tips, etc.	Suff.	Filing Co 7 Social sect 8 Allocated ti 9 10 Depender 11 Nonqualif 13 Statutory employee tax Federal Filing Co 7 Social sect 8 Allocated ti	Copy 2 - To Department urity tips ps Int care benefits led plans Retirement Third-party plan sick pay It Local wages, tip Copy B - To Department urity tips ps	Be Filed V of the Tre 1 Wages 3 Social s 2 12a See W 5 12c 14 Other 1 Wages 1	With Employee's State, Ciasury-Internal Revenue Se, tips, other compensation security wages re wages and tips instructions for box 12 933.28 19 Local income tax With Employee's FEDER, asury-Internal Revenue Se, tips, other compensation security wages re wages and tips	ty, or Local I rvice. 2 Federal in 4 Social sec 6 Medicare 20 Loc 20 Loc AL Tax Returvice. 2 Federal in 4 Social sec 6 Medicare	income Tax Return. Income Tax Return. Income tax withheld Curity tax withheld Itax withheld
OMB No. 1545-0008 Form W-2 Way a Employee's social security number di XXX-XX-2566 c Employer's name, address, and ZIP cool HCL AMERICA INC. 330 Potrero Ave. Surnyvale, CA 94085-4113 b Employer identification number (EIN) e Employee's first name and initial La GOWITHAM VEERA SHANKER KALI 513 LARRY CT. PISCATAWAY, NJ 08854 f Employee's address and ZIP code 15 State Employer's State ID No 16 State 2022 OMB No. 1545-0008 Form W-2 Way a Employee's social security number XXX-XX-2566 c Employer's mame, address, and ZIP cod HCL AMERICA INC. 330 Potrero Ave. Surnyvale, CA 94085-4113 b Employer identification number (EIN)	Control number 042268 WY/0T3 de 77-0205035 st name AVA e wages, tips, etc. Ge and Tax State Control number 042268 WY/0T3 de 77-0205035 st name	Suff. 17 State income	Filing Cc 7 Social sect 8 Allocated ti 9 10 Depender 11 Nonqualifi 13 Statutory employee 1 tax Federal Filing Cc 7 Social sect 8 Allocated ti 9 10 Depender 11 Nonqualifi	copy 2 - To Department urity tips ps th care benefits led plans Retirement Third-party plan sick pay It Local wages, tip Copy B - To Department urity tips ps th care benefits led plans Retirement Third-party plan sick pay Retirement Third-party plan sick pay Retirement Third-party	Be Filed V of the Tre 1 Wages 3 Social s W C 12c See 1 W C 14 Other Tre 1 Wages 3 Social s See 1 W C 15 Medica 1 Wages	With Employee's State, Ciasury-Internal Revenue Se, tips, other compensation security wages re wages and tips Instructions for box 12 933.28 19 Local income tax With Employee's FEDER, asury-Internal Revenue Se, tips, other compensation security wages re wages and tips re wages and tips instructions for box 12 933.28	ty, or Local Invice. 2 Federal in 4 Social sec 6 Medicare C 12b C 12d C 20 Loc AL Tax Returvice. 2 Federal in 4 Social sec 6 Medicare	income Tax Return. Income Tax Return. Income tax withheld Curity tax withheld Itax withheld

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

17 State income tax

15 State Employer's State ID No 16 State wages, tips, etc.

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

any credit.

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AcI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than the specified amount for 2022 or fin income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/elic. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

of your SSN. However, your employer has reported your compete 35th out in 6 and the 38th SSN. Administration (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 necord. 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-2. 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 your federal income tay. See the Cern 1000 instruction. 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

Instructions for Employee
Box 1. Enter this amount on the wages line of your tax return.
Box 2. Enter this amount on the federal income 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 amount unless you can prove with adequate records that you received a 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. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn'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 tips (figure your benefits).
Box 10. This amount is (a) reported in box 1, 1 fit is a distribution made to you from a nonqualified deferred.

included in box 1. 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 give you a copy.

give you a copy

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax
return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under al
plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b)
plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500.

Deferrals under code H are limited to \$7,000.

Limited First Institute and Side 1 and 50 in 2022 your employer may have allowed an additional deferral of up to \$6,5

Desertans unuser code H are limited to \$7,000. However, if you were at least age \$5 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 great 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 millitary 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).

D—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 elitement account that is part of a section 401(k) arrangement.

—Elective deferrals under a section 403(k) salary reduction agreement

—Elective deferrals under a section 403(k)(6) salary reduction SEP

—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred

compensation plan

High graph common syntax and employer common syntax and profession plan

High graph common syntax and employer common syntax and profession plan. See the Form 1040 instructions for how to deduct. how to deduct.

J—Nonlaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Incollected 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).

Q—Nontaxable 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.

n—Emproyer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

Income from exercise of nontry stock option(s) (included in box et 1.3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable income, for reporting requirements.

Income from exercise of nontropy stock option (s) (included in box et 1.3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable income, for reporting requirements.

Income in the savings account. Report on Form 8889, Health Savings, counts (HSAs).

—Deterrals under a section 409A nonqualified deferred compensation plan.

—Income under a nonqualified deferred compensation plan that falls to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan.

DB—Designated Roth contributions under a section 403(b) plan.

DB—Cost of employer-sponsored health coverage. The amount reported with Code DD is not taxable.

EE—Designated Roth contributions under a section 457(b) plan. This amount does not apply to contributions under a sex-empt or analysic on section 457(b) plan.

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. Railroad employers use this box to report railroad 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 filling 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.

GENTAL THE DED. PLEASE MAKE A COPY OF YOUR STATE OR FEDERAL FILING COPY FOR USE WITH YOUR CITY OR LOCAL TAX FILING