

Notice to Employee

This is a corrected Form W-2, Wage and Tax Statement, (or Form W-2AS, W-2CM, W-2GU, W-2VI or W-2c) for the tax year shown in box c. If you have filed an income tax return for the year shown, you may have to file an amended return. Compare amounts on this form with those reported on your income tax return. If the corrected amounts change your U.S. income tax, file Form 1040X, Amended U.S. Individual Income Tax Return, with Copy B of this Form W-2c to amend the return you already filed.

If there is a correction in box 5, Medicare wages and tips, use the corrected amount to determine if you need to file or amend Form 8959, Additional Medicare Tax. If you need to file Form 8959 or an amended Form 8959, attach it to Form 1040 or Form 1040X, as applicable.

If you have not filed your return for the year shown in box c, attach Copy B of the original Form W-2 you received from your employer and Copy B of this Form W-2c to your return when you file it.

For more information, contact your nearest Internal Revenue Service office. Employees in American Samoa, Commonwealth of the Northern Mariana Islands, Guam, or the U.S. Virgin Islands should contact their local taxing authority for more information.

44444	For Official Use Only OMB No. 1545-0008					
a Employer's name, address, and ZIP code HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4113		c Tax year/Form corrected 2022 / W-2	d Employee's correct SSN XXX-XX-0293	e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/>		
		Complete boxes f and/or g only if incorrect on form previously filed				
		f Employee's previously reported SSN		g Employee's previously reported name		
		h Employee's first name and initial		Last name	Suff	
		007-000010 - HCL KISHORE KUMAR KOLA 3100 OHIO DRIVE APT 322 FRISCO, TX 75035				
b Employer's Federal EIN 77-0205035		i Employee's address and ZIP code				
Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).						
Previously reported		Correct information		Previously reported		
1 Wages, tips, other compensation 136606.45		1 Wages, tips, other compensation 136300.65		2 Federal income tax withheld 18691.75		
3 Social security wages 136606.45		3 Social security wages 136300.65		4 Social security tax withheld 8469.60		
5 Medicare wages and tips 136606.45		5 Medicare wages and tips 136300.65		6 Medicare tax withheld 1980.79		
7 Social security tips		7 Social security tips		8 Allocated tips		
9		9		10 Dependent care benefits		
11 Nonqualified plans		11 Nonqualified plans		12a See instructions for box 12		
13 Statutory employee plan Retirement Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		13 Statutory employee plan Retirement Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		
14 Other (see instructions) PA-SUI 84.34		14 Other (see instructions) PA-SUI 18.90		12c		
				12d		
State Correction Information			Locality Correction Information			
Previously reported		Correct information		Previously reported		
15 State PA		15 State PA		18 Local wages, tips, etc.		
Employer's state ID number 19096403		Employer's state ID number 19096403		19 Local income tax		
16 State wages, tips, etc. 136469.32		16 State wages, tips, etc. 30468.60		20 Locality name		
17 State income tax 4189.66		17 State income tax 935.40		20 Locality name		

Copy C--For EMPLOYEE'S RECORDS