

008-001749-W2-W2-48335-HAS

Social Security No.  
XXX-XX-7645

**Year To Date Earnings**

Ex Gratia	300.00
Group Term Life > \$50,000	15.60
Engagement Performance Bonus	2773.38
Retroactive Earnings Suppl	927.12
Base Salary	58344.43
Salary LnP	-924.14
Termination Vacation	739.70

**Year To Date Deductions**

1121/advance	629.01
Critical Illness	105.91
Dental Pre-Tax	146.99
Group Accident Post Tax	86.92
Group Hospital Post Tax	162.14
Group Term Life > \$50,000	15.60
Medical Pre-Tax	311.06
Vision Pre-Tax	30.35
Voluntary Life Insurance	51.27

a Employee's social security number XXX-XX-7645	d Control number 002968 WY/3Q0	7 Social security tips	1 Wages, tips, other compensation 61687.69	2 Federal income tax withheld 7861.76			
c Employer's name, address, and ZIP code HCL America Solutions, Inc. 2600 Great America Way, Suite 401 Santa Clara, CA 95054		8 Allocated tips	3 Social security wages 61687.69	4 Social security tax withheld 3824.64			
		9	5 Medicare wages and tips 61687.69	6 Medicare tax withheld 894.47			
		10 Dependent care benefits	12a See instructions for box 12 C 15.60	12b DD 7024.77			
b Employer identification number (EIN) 45-5639284		11 Nonqualified plans	12c	12d			
e Employee's first name and initial Last name Suff NAVEEN SATHINENI 35309 DRAKESHIRE LANE APT 103 FARMINGTON, MI 48335		13 Statutory Retirement Third-party employee plan sick pay	14 Other				
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
f Employee's address and ZIP code		15 State Employer's State ID No MI 45-5639284	16 State wages, tips, etc. 61687.69	17 State income tax 2375.10	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

**2023** 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.

**2023** 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-7645	d Control number 002968 WY/3Q0	7 Social security tips	1 Wages, tips, other compensation 61687.69	2 Federal income tax withheld 7861.76			
c Employer's name, address, and ZIP code HCL America Solutions, Inc. 2600 Great America Way, Suite 401 Santa Clara, CA 95054		8 Allocated tips	3 Social security wages 61687.69	4 Social security tax withheld 3824.64			
		9	5 Medicare wages and tips 61687.69	6 Medicare tax withheld 894.47			
		10 Dependent care benefits	12a See instructions for box 12 C 15.60	12b DD 7024.77			
b Employer identification number (EIN) 45-5639284		11 Nonqualified plans	12c	12d			
e Employee's first name and initial Last name Suff NAVEEN SATHINENI 35309 DRAKESHIRE LANE APT 103 FARMINGTON, MI 48335		13 Statutory Retirement Third-party employee plan sick pay	14 Other				
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
f Employee's address and ZIP code		15 State Employer's State ID No MI 45-5639284	16 State wages, tips, etc. 61687.69	17 State income tax 2375.10	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

**2023** 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-7645	d Control number 002968 WY/3Q0	7 Social security tips	1 Wages, tips, other compensation 61687.69	2 Federal income tax withheld 7861.76			
c Employer's name, address, and ZIP code HCL America Solutions, Inc. 2600 Great America Way, Suite 401 Santa Clara, CA 95054		8 Allocated tips	3 Social security wages 61687.69	4 Social security tax withheld 3824.64			
		9	5 Medicare wages and tips 61687.69	6 Medicare tax withheld 894.47			
		10 Dependent care benefits	12a See instructions for box 12 C 15.60	12b DD 7024.77			
b Employer identification number (EIN) 45-5639284		11 Nonqualified plans	12c	12d			
e Employee's first name and initial Last name Suff NAVEEN SATHINENI 35309 DRAKESHIRE LANE APT 103 FARMINGTON, MI 48335		13 Statutory Retirement Third-party employee plan sick pay	14 Other				
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
f Employee's address and ZIP code		15 State Employer's State ID No MI 45-5639284	16 State wages, tips, etc. 61687.69	17 State income tax 2375.10	18 Local wages, tips, etc.	19 Local income tax	20 Locality name