Year To Date Earnings

Group Term Life > \$50,000	37.98
Engagement Performance Bonus	216.71
Base Salary	29335.95
Salary LWP	-3378.74

Year To Date Deductions

Dental Pre-Tax	98.01
Group Accident Post Tax	52.01
Group Term Life > \$50,000	37.98
LTD Buy Up	48.58
Medical Pre-Tax	1197.83
Vision Pre-Tax	18.15
Voluntary Life Insurance	84.55

011-007098-W2-W2-27519-HCL

HCL AMERICA INC. 2600 Great America Way, suite 401 Santa Clara, CA 95054

Social Security No.: XXX-XX-6235

a Employee's social security num	ber d Control number		7 Social secu	Social security tips 1 Wages, tips, other compensati		, tips, other compensation	2 Federal income tax withheld	
XXX-XX-6235	067512 WY/0T3					24897.91		2168.94
c Employer's name, address, and ZIP code			8 Allocated tips		3 Social security wages		4 Social security tax withheld	
HCL AMERICA INC. 2600 Great America Way, suite 401 Santa Clara, CA 95054 b Employer identification number (EIN) 77-0205035						24897.91	1543.67	
			9		5 Medicare wages and tips		6 Medicare tax withheld	
						24897.91		361.02
		10 Dependen	t care benefits	[©] 12a See	instructions for box 12 37.98	© 12b d DD	4280.13	
e Employee's first name and initial Last name Suff. VENKATA SATYA N KASINA 1526 POND GLEN WAY CARY, NC 27519 f Employee's address and ZIP code		Suff.	11 Nonqualified plans		C 12c		C 12d	
				Retirement Third-party plan sick pay	14 Other			
15 State Employer's State ID No	16 State wages, tips, etc.	17 State income	tax	18 Local wages, tip	s, etc.	19 Local income tax	20 Loc	cality name
NC 600077236	24897.91	1	010.00					

2023

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.

2023
OMB No. 1545-0008 Form W-2 Wage and Tax Statement

State
Filing Copy
Department of the Treasury-Internal Revenue Service.

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.
Department of the Treasury-Internal Revenue Service.

MB No. 1545-0008 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-6235 067512 WY/0T3 24897.91 c Employer's name, address, and ZIP code 8 Allocated tips 3 Social security wages 4 Social security tax withheld HCL AMERICA INC. 2600 Great America Way, suite 401 24897.91 1543.67 5 Medicare wages and tips 6 Medicare tax withheld Santa Clara, CA 95054 24897.91 361.02 10 Dependent care benefits 12a See instructions for box 12 b Employer identification number (EIN) 77-0205035 4280.13 DD 11 Nonqualified plans 12c 12d e Employee's first name and initial Suff. Last name VENKATA SATYA N KASINA 14 Other 13 Statutory Retirement Third-party plan sick pay employee

e Employee's first name and initial VENKATA SATYA N KASINA 1526 POND CLEN WAY CARY, NC 27519

f Employee's address and ZIP code

15 State Employer's State ID No 16 State wages, tips, etc. NC 600077236

17 State income tax 1010.00

18 Local wages, tips, etc. 19 Local income tax 20 Locality name

2023
OMR No. 1545-0008
Form W-2 Wage and Tax Statement
Filing Copy
Department of the Treasury Internal Revenue Service

OMB No. 1545-0008 1 01111 44-2	z wage and Tax States	Helli	i iiiiig oo	Py Dep	partment <u>c</u>	or the rrea	asury-internai Revenue Se	rvice.	
a Employee's social security numb	er d Control number	7 Social security tips		1 Wages	tips, other compensation	2 Federal income tax withheld			
XXX-XX-6235	067512 WY/0T3						24897.91		2168.94
c Employer's name, address, and ZIP code		8 Allocated tips		3 Social security wages		4 Social	security tax withheld		
HCL AMERICA INC. 2600 Great America Way, suite 401 Santa Clara, CA 95054 b Employer identification number (EIN) 77-0205035							24897.91		1543.67
			9			5 Medica	re wages and tips	6 Medicare tax withheld	
						24897.91		361.02	
		10 Dependent care benefits			C12a See	instructions for box 12 37.98	C 12b	4280.13	
e Employee's first name and initial		Suff.	11 Nonqualified plans			C 12c	1	C 12d	
1526 POND GLEN WAY CARY, NC 27519				Retirement TI plan si	hird-party ick pay	14 Other			
f Employee's address and ZIP code									
15 State Employer's State ID No 1		17 State income	tav	18 Local w	vages tin	s etc	19 Local income tax	20.1	_ocality name
NC 600077236	24897.91		010.00	TO LOCAL VI	rages, up	, c.c.	17 Local income tax	201	Locality Harric

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 2023 if your adjusted gross income (AGI) 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 2023 or if income is earned for services provided while you were an inmate at a penal institution. For 2023 income limits, and more information, visit www.irs.gov/EITC. See also Pub. 596. Any EIC that is more than your tax Ilability 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).

Clergy and religious workers. If you are not subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. 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 copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If 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.soclalsecurity.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The
residue is been 12 using code DD of the cost of employer-sponsored health coverage is for your information only.

reporting in box 12, using code DD, of the cost of employed 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 2023 and more than \$9,932.40 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 tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,821.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Instructions for Employee

BOX 1. Enter this amount on the wages line of your tax return.

BOX 2. Enter this amount on the Vederal income tax withheld line of your tax return.

BOX 5. You may be required to report this amount on Form 8959. 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

BOX b. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in Box b, 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 with your 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 record (used to figure your benefits).

tax return. By filing Form 41.57, Your social security this wint to contact by Journal Company your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also 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 deferrat 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. orior year deferral

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 all plans are generally limited to a total of \$22,500 (\$15,500 if you only have SIMPLE plans; \$25,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$7,000.

before the property of the prop

Deterrais under code H are limited to \$7,000. However, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to \$7,500 (\$3,500 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 are beingther for the last 3 years 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 O 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

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

L—Substantiated employee business expense reimbursements. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RR1 At ax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions can be considered to the 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 vour Archer MSA. Renort on Form 8852

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

O—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

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

The property of the plan (not included in box 1) Complete Form 88.99 to figure any taxable and nontaxable amounts.

OPEN CONTRIBET (Not be social security wage taxes), and 15). See Pub. 525 for reporting requirements.

The property of the social security wage taxes, and 15). See Pub. 525 for reporting requirements.

Perployer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Deferrats under a section 409A nonqualified deferred compensation plan that fails 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 40(k) plan

BB—Designated Roth contributions under a section 40(k) plan

DD—Cost of employer-sponsored health coverage. The armount reported with Code DD is not tax and the contributions and a general section 457(k) plan. This amount does not apply to

taxable.

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.

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 filing your income tax return. However, to help fortect 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.

IF NEEDED. PLEASE MAKE A COPY OF YOUR STATE OR FEDERAL FILING COPY FOR USE WITH YOUR CITY OR LOCAL TAX FILING