

ADP National  
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006-2-011409-84102 - CGA - 2 of 2 - US W2

Capgemini America, Inc.  
PO BOX 17004  
AUGUSTA, GA 30903

**ADP National Account Services**  
Outsourcing for HR, Benefits and Payroll

**Year To Date Earnings**

**Year To Date Deductions**

006-011409-W2-84102-CGA-2 of 2

Social Security No.:  
XXX-XX-2265

a Employee's social security number XXX-XX-2265	d Control number 027318 WY/2S7	7 Social security tips	1 Wages, tips, other compensation	2 Federal income tax withheld	
c Employer's name, address, and ZIP code Capgemini America, Inc. PO BOX 17004 AUGUSTA, GA 30903		8 Allocated tips	3 Social security wages	4 Social security tax withheld	
		9	5 Medicare wages and tips	6 Medicare tax withheld	
		10 Dependent care benefits	12a See instructions for box 12		12b
b Employer identification number (EIN) 22-2575929	e Employee's first name and initial Last name Suff. SRAVYA SIRNA 580 S 1300 E SALT LAKE CITY, UT 84102	11 Nonqualified plans	12c	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 UT 13027195003WTH	16 State wages, tips, etc. 31078.86	17 State income tax 1287.99	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-2265	d Control number 027318 WY/2S7	7 Social security tips	1 Wages, tips, other compensation 31078.86	2 Federal income tax withheld 3491.91	
c Employer's name, address, and ZIP code Capgemini America, Inc. PO BOX 17004 AUGUSTA, GA 30903		8 Allocated tips	3 Social security wages	4 Social security tax withheld	
		9	5 Medicare wages and tips	6 Medicare tax withheld	
		10 Dependent care benefits	12a See instructions for box 12		12b
b Employer identification number (EIN) 22-2575929	e Employee's first name and initial Last name Suff. SRAVYA SIRNA 580 S 1300 E SALT LAKE CITY, UT 84102	11 Nonqualified plans	12c	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 UT 13027195003WTH	16 State wages, tips, etc. 31078.86	17 State income tax 1287.99	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-2265	d Control number 027318 WY/2S7	7 Social security tips	1 Wages, tips, other compensation	2 Federal income tax withheld	
c Employer's name, address, and ZIP code Capgemini America, Inc. PO BOX 17004 AUGUSTA, GA 30903		8 Allocated tips	3 Social security wages	4 Social security tax withheld	
		9	5 Medicare wages and tips	6 Medicare tax withheld	
		10 Dependent care benefits	12a See instructions for box 12		12b
b Employer identification number (EIN) 22-2575929	e Employee's first name and initial Last name Suff. SRAVYA SIRNA 580 S 1300 E SALT LAKE CITY, UT 84102	11 Nonqualified plans	12c	12d	
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