

Year To Date Earnings

| | |
|----------------------------|----------|
| Group Term Life > \$50,000 | 25.80 |
| Paid Holiday | 2034.24 |
| Overtime Supplemental Tax | 317.85 |
| Base Salary Hourly | 56789.20 |
| Vacation | 3201.81 |

Year To Date Deductions

| | |
|----------------------------|--------|
| Dental Pre-Tax | 576.40 |
| Group Term Life > \$50,000 | 25.80 |
| Voluntary Life Insurance | -2.28 |

011-007159-W2-W2-95037-HCL

Social Security No.
XXX-XX-8619

| | | | | | | | | | | |
|--|--|--|--|---|--|---|--|---|--|------------------|
| a Employee's social security number XXX-XX-8619 | | d Control number 063959 WY/OT3 | | 7 Social security tips | | 1 Wages, tips, other compensation 61792.50 | | 2 Federal income tax withheld 5499.32 | | |
| c Employer's name, address, and ZIP code HCL AMERICA INC. 2600 Great America Way, suite 401 Santa Clara, CA 95054 | | | | 8 Allocated tips | | 3 Social security wages 61792.50 | | 4 Social security tax withheld 3831.14 | | |
| | | | | 9 | | 5 Medicare wages and tips 61792.50 | | 6 Medicare tax withheld 895.99 | | |
| | | | | 10 Dependent care benefits | | 12a See instructions for box 12 C 25.80 | | 12b | | |
| b Employer identification number (EIN) 77-0205035 | | | | 11 Nonqualified plans | | 12c | | 12d | | |
| e Employee's first name and initial Last name Suff. KAWAL KAUR 150 AZZURO CT MORGAN HILL, CA 95037 | | | | 13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 14 Other CA-SDI 555.90 | | | | |
| | | | | f Employee's address and ZIP code | | | | | | |
| 15 State Employer's State ID No CA 359-2988-4 | | 16 State wages, tips, etc. 61792.50 | | 17 State income tax 2099.76 | | 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.

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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.

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