

008-001429-W2-W2-95037-HAS

Year To Date Earnings

Group Term Life > \$50,000	5.16
Paid Holiday	1695.20
Base Salary Hourly	7119.84
Retroactive Earnings Suppl	394.24
Vacation	1695.20

Year To Date Deductions

Dental Pre-Tax	52.40
Group Hospital Post Tax	5.71
Group Term Life > \$50,000	5.16
Medical Pre-Tax	150.60
Voluntary Life Insurance	3.42

Social Security No.:
XXX-XX-8619

a Employee's social security number XXX-XX-8619	d Control number 002294 WY/3Q0	7 Social security tips	1 Wages, tips, other compensation 10706.64	2 Federal income tax withheld 853.10	
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 10706.64	4 Social security tax withheld 663.81	
		9	5 Medicare wages and tips 10706.64	6 Medicare tax withheld 155.25	
		10 Dependent care benefits	12a See instructions for box 12 C 5.16	12b	
b Employer identification number (EIN) 45-5639284	e Employee's first name and initial Last name Suff. KAWAL KAUR 150 AZZURO CT MORGAN HILL, CA 95037		11 Nonqualified plans	12c	
f Employee's address and ZIP code		13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14 Other CA - SDI 96.31	12d	
15 State Employer's State ID No CA 116-7970-1	16 State wages, tips, etc. 10706.64	17 State income tax 276.91	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-8619	d Control number 002294 WY/3Q0	7 Social security tips	1 Wages, tips, other compensation 10706.64	2 Federal income tax withheld 853.10	
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 10706.64	4 Social security tax withheld 663.81	
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f Employee's address and ZIP code		13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14 Other CA - SDI 96.31	12d	
15 State Employer's State ID No CA 116-7970-1	16 State wages, tips, etc. 10706.64	17 State income tax 276.91	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-8619	d Control number 002294 WY/3Q0	7 Social security tips	1 Wages, tips, other compensation 10706.64	2 Federal income tax withheld 853.10	
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 10706.64	4 Social security tax withheld 663.81	
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15 State Employer's State ID No CA 116-7970-1	16 State wages, tips, etc. 10706.64	17 State income tax 276.91	18 Local wages, tips, etc.	19 Local income tax	20 Locality name