

Year To Date Earnings

Group Term Life > \$50,000	112.80
Additional KPP Linked Bonus	3029.92
Engagement Performance Bonus	8953.86
Base Salary	144000.00

Year To Date Deductions

401k Pretax Contributions	2036.19
401k Pretax Contribution New	600.00
Dental Pre-Tax	356.40
Group Term Life > \$50,000	112.80
Indian Insurance For Dependent	523.32
Medical Pre-Tax	3491.76
Vision Pre-Tax	66.00

011-010045-W2-W2-75019-HCL

Social Security No
XXX-XX-5099

a Employee's social security number XXX-XX-5099	d Control number 062129 WY/0T3	7 Social security tips	1 Wages, tips, other compensation 149546.23	2 Federal income tax withheld 25700.38
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 152182.42	4 Social security tax withheld 9435.31
		9	5 Medicare wages and tips 152182.42	6 Medicare tax withheld 2206.65
b Employer identification number (EIN) 77-0205035		10 Dependent care benefits	12a See instructions for box 12 C 112.80	12b D 2636.19
e Employee's first name and initial Last name Suff. PONNIENSELVAN NADANASABAPATHI 1315 RIVERCHASE DR APT 2026 COPPELL, TX 75019		11 Nonqualified plans	12c DD 17120.52	12d
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other	
f Employee's address and ZIP code		15 State Employer's State ID No	16 State wages, tips, etc.	17 State income tax
		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-5099	d Control number 062129 WY/0T3	7 Social security tips	1 Wages, tips, other compensation 149546.23	2 Federal income tax withheld 25700.38
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		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other	
f Employee's address and ZIP code		15 State Employer's State ID No	16 State wages, tips, etc.	17 State income tax
		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-5099	d Control number 062129 WY/0T3	7 Social security tips	1 Wages, tips, other compensation 149546.23	2 Federal income tax withheld 25700.38
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 152182.42	4 Social security tax withheld 9435.31
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		18 Local wages, tips, etc.	19 Local income tax	20 Locality name