Year To Date Earnings

Group Term Life > \$50,000	26.93
Retroactive Earnings Suppl	514.30
Base Salary	76145.18

Year To Date Deductions

Dental Pre-Tax	222.15
Group Accident Post Tax	86.68
Group Term Life > \$50,000	26.93
Indian Insurance For Dependent	296.40
Medical Pre-Tax	2201.77
Vision Pre-Tax	43.99
Voluntary Life Insurance	27.49
Work Dermit Advance	1250 00

011-015056-W2-W2-22180-HCL-1 of 2

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

Social Security No.: XXX-XX-6533

								
a Employee's social security num	ber d Control number		7 Social secu	rity tips	1 Wages	tips, other compensation	2 Federal in	ncome tax withheld
XXX-XX-6533	062694 WY/0T3					74218.50		11600.05
c Employer's name, address, and	ZIP code		8 Allocated tip	os	3 Social s	security wages	4 Social se	curity tax withheld
HCL AMERICA INC.					74218.50			4601.55
2600 Great America Wa			9		5 Medica	re wages and tips	6 Medicare	tax withheld
Santa Clara, CA 95054	4					74218.50		1076.17
b Employer identification number	(EIN) 77-0205035		10 Dependen	t care benefits	୍ମ 12a See ଟ C	instructions for box 12 26.93	C 12b	12217.12
e Employee's first name and initia	I Last name	Suff.	11 Nonqualifi	ed plans	C 12c	1	C 12d	
8113 DUMONT DR 102 VIENNA, VA 22180	!			Retirement Third-party plan sick pay	14 Other			
f Employee's address and ZIP coo	de.							
15 State Employer's State ID No		17 State income	atav	18 Local wages, tip	ns atc	19 Local income tax	20 L oc	cality name
DC 30000036355	5649.28	17 State medine	328.82	10 Local Wages, up	75, 010.	17 Local modific tax	20 200	ounty name

Form W-2 Wage and Tax Statement

Copy

Employee's 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.

State

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

Form W-2 Wage and Tax Statement **Filing Copy** 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-6533 062694 WY/0T3 74218.50 11600.05 c Employer's name, address, and ZIP code 8 Allocated tips 3 Social security wages 4 Social security tax withheld 74218.50 4601.55 HCL AMERICA INC. 2600 Great America Way, suite 401 Santa Clara, CA 95054 5 Medicare wages and tips 6 Medicare tax withheld 74218.50 1076.17 10 Dependent care benefits 12a See instructions for box 12 b Employer identification number (EIN) 77-0205035 12217.12 DD 11 Nonqualified plans 12c e Employee's first name and initial 12d Last name SATEESH TOKALA 8113 DUMONT DR 102 VIENNA, VA 22180 14 Other 13 Statutory Retirement Third-party plan sick pay employee 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 300000036355 328.82

Federal Copy B - To Be Filed With Employee's FEDERAL Tax Return.
Department of the Treasury-Internal Revenue Service. **Filing Copy** 508 Form W-2 Wage and Tax Statement

a Employee's social security number	d Control number		7 Social secu		1 Wanes	, tips, other compensation		l income tay withheld
XXX-XX-6533	062694 WY/0T3		7 Social Sccu	inty tips	1 wages	74218.50	2 i cuciai	11600.05
c Employer's name, address, and ZIP	P code		8 Allocated tip	ps	3 Social :	security wages	4 Social s	security tax withheld
HCL AMERICA INC.						74218.50		4601.55
2600 Great America Way,	, suite 401		9		5 Medica	re wages and tips	6 Medica	re tax withheld
Santa Clara, CA 95054						74218.50		1076.17
b Employer identification number (EIN	N) 77-0205035		10 Dependen	t care benefits	C12a See	e instructions for box 12 26.93	C 12b DD	12217.12
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f Employee's address and ZIP code								
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DC 30000036355	5649.28		328.82					

		Year To Date Earnings				Year To Date Deductions			
011-015056-W2-W2-2218	80-HCL-2 of 2								
HCL AMERICA INC. 2600 Great America Wa Santa Clara, CA 95054									
Social Security No.: XXX-XX-6533									
a Employee's social security numb	per d Control number		7 Social secu	rity tips	1 Wages	, tips, other compensation	2 Federal income tax withheld		
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HCL AMERICA INC. 2600 Great America Wa Santa Clara, CA 95054			9		5 Medicare wages and tips		6 Medicare tax withheld		
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VIENNA, VA 22180				plan sick pay					
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VA 30-770203035F-001	00309.22		224.73						
2023 OMB No. 1545-0008 Form W-	2 Wage and Tax State	ment	State Filing Co	Copy 2 - To	Be Filed \	, ,	ncome is taxable and you fail to repo ty, or Local Income Tax Return. rvice.		
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15 State Employer's State ID No VA 30-770205035F-001	16 State wages, tips, etc. 68569.22	17 State income 3	e tax 224.73	18 Local wages, tip	os, etc.	19 Local income tax	20 Locality name		

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

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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 great property of the pr

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