

008-001063-W2-W2-91335-HAS

Social Security No.:
XXX-XX-1860

| | | | | | | |
|---|---------------------------------------|---|----------------------------|----------------------------|--|--|
| a Employee's social security number XXX-XX-1860 | | d Control number 004289 WY/3Q0 | | 7 Social security tips | 1 Wages, tips, other compensation 4401.62 | 2 Federal income tax withheld 645.52 |
| 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 4401.62 | 4 Social security tax withheld 272.90 |
| | | | | 9 | 5 Medicare wages and tips 4401.62 | 6 Medicare tax withheld 63.82 |
| | | | | 10 Dependent care benefits | 12a See instructions for box 12 C 1.62 | |
| b Employer identification number (EIN) 45-5639284 | | e Employee's first name and initial Last name GOUTHAM RAJ YESHALA 19045 GAULT ST APT 12 RESEDA, CA 91335 | | 11 Nonqualified plans | 12c | |
| f Employee's address and ZIP code | | 13 Statutory employee Retirement Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 14 Other CA-SDI 39.60 | | |
| 15 State Employer's State ID No CA 116-7970-1 | 16 State wages, tips, etc. 4401.62 | 17 State income tax 279.15 | 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

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-1860 | | d Control number 004289 WY/3Q0 | | 7 Social security tips | 1 Wages, tips, other compensation 4401.62 | 2 Federal income tax withheld 645.52 |
| 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 4401.62 | 4 Social security tax withheld 272.90 |
| | | | | 9 | 5 Medicare wages and tips 4401.62 | 6 Medicare tax withheld 63.82 |
| | | | | 10 Dependent care benefits | 12a See instructions for box 12 C 1.62 | |
| b Employer identification number (EIN) 45-5639284 | | e Employee's first name and initial Last name GOUTHAM RAJ YESHALA 19045 GAULT ST APT 12 RESEDA, CA 91335 | | 11 Nonqualified plans | 12c | |
| f Employee's address and ZIP code | | 13 Statutory employee Retirement Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 14 Other CA-SDI 39.60 | | |
| 15 State Employer's State ID No CA 116-7970-1 | 16 State wages, tips, etc. 4401.62 | 17 State income tax 279.15 | 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-1860 | | d Control number 004289 WY/3Q0 | | 7 Social security tips | 1 Wages, tips, other compensation 4401.62 | 2 Federal income tax withheld 645.52 |
| 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 4401.62 | 4 Social security tax withheld 272.90 |
| | | | | 9 | 5 Medicare wages and tips 4401.62 | 6 Medicare tax withheld 63.82 |
| | | | | 10 Dependent care benefits | 12a See instructions for box 12 C 1.62 | |
| b Employer identification number (EIN) 45-5639284 | | e Employee's first name and initial Last name GOUTHAM RAJ YESHALA 19045 GAULT ST APT 12 RESEDA, CA 91335 | | 11 Nonqualified plans | 12c | |
| f Employee's address and ZIP code | | 13 Statutory employee Retirement Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 14 Other CA-SDI 39.60 | | |
| 15 State Employer's State ID No CA 116-7970-1 | 16 State wages, tips, etc. 4401.62 | 17 State income tax 279.15 | 18 Local wages, tips, etc. | | 19 Local income tax | 20 Locality name |