

Year To Date Earnings

Group Term Life > \$50,000	74.40
Incentive Pay	640.00
Base Salary	112050.00

Year To Date Deductions

401k Pretax Contributions	2567.84
Dental Pre-Tax	356.40
Group Term Life > \$50,000	74.40
FSA Health Care	300.00
Indian Insurance For Dependent	429.00
Medical Pre-Tax	3491.76
Power Of 1	48.00
Vision Pre-Tax	66.00
Work Permit Advance	2250.00

011-005167-W2-W2-78240-HCL

Social Security No.:
XXX-XX-7005

a Employee's social security number XXX-XX-7005	d Control number 062940 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 105982.40	2 Federal income tax withheld 18805.11			
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 108550.24	4 Social security tax withheld 6730.11			
		9	5 Medicare wages and tips 108550.24	6 Medicare tax withheld 1573.98			
		10 Dependent care benefits	C 12a See instructions for box 12 C 74.40	D 12b 2567.84			
b Employer identification number (EIN) 77-0205035		11 Nonqualified plans	C 12c DD 17120.52	12d			
e Employee's first name and initial Last name Suff. KRISHNAKANTH GOURINENI 532,4980 USAA BLVD SAN ANTONIO, TX 78240		13 Statutory Retirement Third-party employee plan 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-7005	d Control number 062940 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 105982.40	2 Federal income tax withheld 18805.11			
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 108550.24	4 Social security tax withheld 6730.11			
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e Employee's first name and initial Last name Suff. KRISHNAKANTH GOURINENI 532,4980 USAA BLVD SAN ANTONIO, TX 78240		13 Statutory Retirement Third-party employee plan 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-7005	d Control number 062940 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 105982.40	2 Federal income tax withheld 18805.11			
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 108550.24	4 Social security tax withheld 6730.11			
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