

Year To Date Earnings

| | |
|----------------------------|----------|
| Group Term Life > \$50,000 | 8.18 |
| Base Salary | 11478.21 |

Year To Date Deductions

| | |
|----------------------------|--------|
| Dental Pre-Tax | 29.70 |
| Group Accident Post Tax | 15.76 |
| Group Term Life > \$50,000 | 8.18 |
| FSA Health Care | 24.00 |
| Medical Pre-Tax | 155.74 |
| Vision Pre-Tax | 5.50 |
| Voluntary Life Insurance | 0.11 |

011-006388-W2-W2-78240-HCL

Social Security No.
XXX-XX-2633

| | | | | | | | |
|--|--|---|--|--|---|---|----------------------------|
| a Employee's social security number XXX-XX-2633 | | d Control number 051839 WY/OT3 | | 7 Social security tips | 1 Wages, tips, other compensation 11271.45 | 2 Federal income tax withheld 1078.21 | |
| 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 11271.45 | 4 Social security tax withheld 698.83 | |
| | | | | 9 | 5 Medicare wages and tips 11271.45 | 6 Medicare tax withheld 163.44 | |
| | | | | 10 Dependent care benefits | c 12a See instructions for box 12 C 8.18 | | c 12b DD 1317.31 |
| b Employer identification number (EIN) 77-0205035 | | e Employee's first name and initial Last name Suff. VARUN RAJ JAIN | | 11 Nonqualified plans | c 12c | | c 12d |
| f Employee's address and ZIP code 8851 OAKLAND ROAD UNIT 23 SAN ANTONIO, TX 78240 | | | | 13 Statutory employee <input type="checkbox"/> | Retirement plan <input type="checkbox"/> | Third-party sick pay <input type="checkbox"/> | 14 Other |
| | | | | 15 State Employer's State ID No | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. |

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

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|--|--|---|--|--|---|---|----------------------------|
| a Employee's social security number XXX-XX-2633 | | d Control number 051839 WY/OT3 | | 7 Social security tips | 1 Wages, tips, other compensation 11271.45 | 2 Federal income tax withheld 1078.21 | |
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| f Employee's address and ZIP code 8851 OAKLAND ROAD UNIT 23 SAN ANTONIO, TX 78240 | | | | 13 Statutory employee <input type="checkbox"/> | Retirement plan <input type="checkbox"/> | Third-party sick pay <input type="checkbox"/> | 14 Other |
| | | | | 15 State Employer's State ID No | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. |

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

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|--|--|---|--|--|---|---|----------------------------|
| a Employee's social security number XXX-XX-2633 | | d Control number 051839 WY/OT3 | | 7 Social security tips | 1 Wages, tips, other compensation 11271.45 | 2 Federal income tax withheld 1078.21 | |
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