

011-007114-W2-W2-48375-HCL

Group Term Life > \$50,000 47.52
Relocation Payment Suppl 400.00
Base Salary 58260.02

Dental 58.20
Group Accide 47.62
Group Term Lit. 41.13
Indian Insuranc. 546.18
Medical Pre-Tax 594.80
Work Permit Advanc. 4500.00
Dependent

Social Security No.
XXX-XX-9670

a Employee's social security number XXX-XX-9670	d Control number 066962 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 58054.54	2 Federal income tax withheld 10338.67
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 58054.54	4 Social security tax withheld 3599.38
		9	5 Medicare wages and tips 58054.54	6 Medicare tax withheld 841.79
b Employer identification number (EIN) 77-0205035		10 Dependent care benefits	12a See instructions for box 12 C 47.52	12b DD 2676.18
e Employee's first name and initial Last name Suff. SUNDAR KATHAVARAYAN 25015 BUCKMINSTER DRIVE NOVI, MI 48375		11 Nonqualified plans	12c	12d
		13 Statutory Retirement Third-party employee plan sick pay	14 Other	
f Employee's address and ZIP code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 State Employer's State ID No MI 77-0205035	16 State wages, tips, etc. 58054.54	17 State income tax 2230.87	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-9670	d Control number 066962 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 58054.54	2 Federal income tax withheld 10338.67
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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-9670	d Control number 066962 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 58054.54	2 Federal income tax withheld 10338.67
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 58054.54	4 Social security tax withheld 3599.38
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