

**Year To Date Earnings**

Location Allowance	3894.96
Group Term Life > \$50,000	63.84
Incentive Pay	640.00
Additional KPP Linked Bonus	360.00
Engagement Performance Bonus	12059.00
Base Salary	103125.12
Special Skill Allowance	6799.92
Vacation Pay	4274.80

**Year To Date Deductions**

401k Pretax Contributions	6484.35
Dental Pre-Tax	276.47
Group Accident Post Tax	151.43
Group Hospital Post Tax	339.92
Group Term Life > \$50,000	63.84
Medical Pre-Tax	3535.45
Power Of 1	24.00
Vision Pre-Tax	53.53

011-007776-W2-W2-94544-HCL

Social Security No.:  
XXX-XX-9731

a Employee's social security number XXX-XX-9731	d Control number 018299 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 120867.84	2 Federal income tax withheld 12465.86
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 127352.19	4 Social security tax withheld 7895.84
b Employer identification number (EIN) 77-0205035		9	5 Medicare wages and tips 127352.19	6 Medicare tax withheld 1846.61
e Employee's first name and initial Last name Suff. ABHINAV KULSHRESTHA 24699 WOODACRE AVE HAYWARD, CA 94544		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 63.84
f Employee's address and ZIP code		12b D 6484.35	12c DD 14000.20	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	14 Other CA-SDI 1145.60	
15 State Employer's State ID No CA 359-2988-4	16 State wages, tips, etc. 120867.84	17 State income tax 8100.89	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-9731	d Control number 018299 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 120867.84	2 Federal income tax withheld 12465.86
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 127352.19	4 Social security tax withheld 7895.84
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f Employee's address and ZIP code		12b D 6484.35	12c DD 14000.20	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	14 Other CA-SDI 1145.60	
15 State Employer's State ID No CA 359-2988-4	16 State wages, tips, etc. 120867.84	17 State income tax 8100.89	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-9731	d Control number 018299 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 120867.84	2 Federal income tax withheld 12465.86
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 127352.19	4 Social security tax withheld 7895.84
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15 State Employer's State ID No CA 359-2988-4	16 State wages, tips, etc. 120867.84	17 State income tax 8100.89	18 Local wages, tips, etc.	19 Local income tax
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