

Year To Date Earnings

Group Term Life > \$50,000	16.59
Relocation Payment Suppl	400.00
Retroactive Earnings Suppl	267.24
Base Salary	55012.05

Year To Date Deductions

Critical Illness	43.24
Dental Pre-Tax	82.80
Group Accident Post Tax	58.51
Group Term Life > \$50,000	16.59
Medical Pre-Tax	846.22
Vision Pre-Tax	87.22
Work Permit Advance	4500.00

011-013693-W2-W2-78240-HCL

Social Security No.:
XXX-XX-8173

a Employee's social security number XXX-XX-8173	d Control number 065687 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 54679.64	2 Federal income tax withheld 8367.37	
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 54679.64	4 Social security tax withheld 3390.14	
		9	5 Medicare wages and tips 54679.64	6 Medicare tax withheld 792.85	
		10 Dependent care benefits	C 12a See instructions for box 12 D C 16.59	C 12b DD 4014.27	
b Employer identification number (EIN) 77-0205035		11 Nonqualified plans	C 12c	C 12d	
e Employee's first name and initial Last name Suff. KALPANA SIDDULA UNIT 54, 4955 USAA BLVD SAN ANTONIO, TX 78240		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input 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-8173	d Control number 065687 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 54679.64	2 Federal income tax withheld 8367.37	
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 54679.64	4 Social security tax withheld 3390.14	
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		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-8173	d Control number 065687 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 54679.64	2 Federal income tax withheld 8367.37	
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 54679.64	4 Social security tax withheld 3390.14	
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