2023 W-2 and EARNINGS SUMMARY



Employee Reference
Wage and Tax
Statement
Copy C for employee's records.

2023 OMB No. 1545-0008

d Control number Dep 410880 CHIC/PXC Corp. Employer use only T 763

Employer's name, address, and ZIP code

CAPGEMINI AMERICA INC 333 WEST WACKER DRIVE CHICAGO IL 60606

Batch #02726

e/f Employee's name, address, and ZIP code

POOJA DAGAR APT 811 7508 MARCHAND LANE CHARLOTTE NC 28262

Employer's FED ID number a Employee's SSA number 22-2575929 XXX-XX-8904 Wages, tips, other comp. 2 Federal income tax withheld 37670.37 5651.64 Social security wages 4 Social security tax withheld 37670.37 2335.56 5 Medicare wages and tips 6 Medicare tax withheld 37670.37 546.22 Social security tips 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 11 Nonqualified plans 29.30 12b DD 14 Other 13 Stat emp Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. NC 600224454 37670.37 17 State income tax 18 Local wages, tips, etc.

| 1 | Wages, tips, other of | omp. | 2 | Federal | income tax | withheld |
|----|-----------------------|-------|---|-------------------------|--------------|----------|
| | 376 | 70.37 | | | ! | 5651.64 |
| 3 | Social security wage | | 4 | Social | security tax | |
| | 376 | 70.37 | | | | 2335.56 |
| 5 | Medicare wages and | | 6 | 6 Medicare tax withheld | | |
| | 376 | 70.37 | | | | 546.22 |
| d | Control number | Dept. | - | Corp. | Employer | use only |
| 41 | L0880 CHIC/PXC | | | | T | 763 |
| | | | | | | |

20 Locality name

c Employer's name, address, and ZIP code

1616.00

19 Local income tax

CAPGEMINI AMERICA INC 333 WEST WACKER DRIVE CHICAGO IL 60606

| b | Employer's FED ID number 22-2575929 | a Employee's SSA number XXX-XX-8904 | | | | |
|----|-------------------------------------|--|-------------|-----------|-----------------------|--|
| 7 | Social security tips | 8 Allocated tips | | | | |
| 9 | | 10 Dependent care benefits | | | | |
| 11 | Nonqualified plans | 12a S | See in C | struction | s for box 12 29.30 | |
| 14 | Other | 12b | DD | | 1627.12 | |
| | | 12c | i | | | |
| | | 12d | i | | | |
| | | 13 Sta | at emp | Ret. plan | 3rd party sick pay | |
| (£ | Empleyee's name address an | J 710 | | | | |

e/f Employee's name, address and ZIP code

POOJA DAGAR APT 811 7508 MARCHAND

7508 MARCHAND LANE CHARLOTTE NC 28262

 15
 State NC
 Employer's state ID no. 600224454
 16
 State wages, tips, etc. 37670.37

 17
 State income tax 1616.00
 18
 Local wages, tips, etc. 20

 19
 Local income tax 2
 20
 Locality name

Federal Filing Copy
Wage and Tax
Statement
Copy B to be filed with employee's Federal Income Tax Return.

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | NC. State Wages, Tips, Etc. Box 16 of W-2 |
|---------------------|--|--|-----------------------------------|---|
| Gross Pay | 37,844.75 | 37,844.75 | 37,844.75 | 37,844.75 |
| Plus GTL (C-Box 12) | 29.30 | 29.30 | 29.30 | 29.30 |
| Less Other Cafe 125 | 203.68 | 203.68 | 203.68 | 203.68 |
| Reported W-2 Wages | 37,670.37 | 37,670.37 | 37,670.37 | 37,670.37 |

2. Employee Name and Address.

POOJA DAGAR APT 811 7508 MARCHAND LANE CHARLOTTE NC 28262

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| 1 | Wages, tips, other of 376 | omp. 70.37 | 2 | Federal | income tax | withheld |
|----|--------------------------------|-----------------|--|---------|------------|----------|
| 3 | Social security wages 37670.37 | | 4 Social security tax withheld 2335.56 | | | |
| 5 | Medicare wages and 376 | d tips 70.37 | 6 Medicare tax withheld 546.22 | | | |
| d | Control number | Dept. | C | Corp. | Employer | use only |
| 41 | L0880 CHIC/PXC | | | | T | 763 |

c Employer's name, address, and ZIP code

CAPGEMINI AMERICA INC 333 WEST WACKER DRIVE CHICAGO IL 60606

| b | Employer's FED ID number 22-2575929 | a Employee's SSA number XXX-XX-8904 | | | | | |
|----|-------------------------------------|--|---------|-----------|-----------|----------|--|
| 7 | Social security tips | 8 Allocated tips | | | | | |
| 9 | | 10 C | epend | ent care | benefits | | |
| 11 | Nonqualified plans | 12a | | | | | |
| | | | C | | 29.3 | 0 | |
| 14 | Other | 12b | DD | | 1627. | 12 | |
| | | 12c | i | | | | |
| | | 12d | | | | | |
| | | 13 S | tat emp | Ret. plan | 3rd party | sick pay | |
| | | | | | | | |

e/f Employee's name, address and ZIP code

POOJA DAGAR APT 811 7508 MARCHAND LANE CHARLOTTE NC 28262

| 1 | 15 State | Employer's state ID no. | 16 | State wages, tips, etc. |
|---|----------|-------------------------|----|-------------------------|
| | NC | 600224454 | | 37670.37 |
| | 17 State | income tax | 18 | Local wages, tips, etc. |
| | | 1616.00 | | |
| | 19 Local | income tax | 20 | Locality name |
| | | | | |

NC.State Reference Copy
Wage and Tax
Statement
Copy 2 to be filed with employee's State Income Tax Return. No. 1545-0008

| 1 | Wages, tips, other of | omp. 70.37 | 2 | Federal | income tax | withheld 651.64 |
|----|------------------------|-----------------|---|--|------------|--------------------|
| 3 | Social security wage | es 70.37 | 4 | 4 Social security tax withheld 2335.56 | | |
| 5 | Medicare wages and 376 | d tips 70.37 | 6 | 6 Medicare tax withheld 546.22 | | |
| d | Control number | Dept. | | Corp. | Employer | use only |
| 41 | 0880 CHIC/PXC | | | | T | 763 |

c Employer's name, address, and ZIP code

CAPGEMINI AMERICA INC 333 WEST WACKER DRIVE CHICAGO IL 60606

| b | Employer's FED ID number 22-2575929 | a Employee's SSA number XXX-XX-8904 | | | | |
|----|-------------------------------------|---|--|--|--|--|
| 7 | Social security tips | 8 Allocated tips | | | | |
| 9 | | 10 Dependent care benefits | | | | |
| 11 | Nonqualified plans | 12a | | | | |
| | | C 29.30 | | | | |
| 14 | Other | 12b DD 1627.12 | | | | |
| | | 12c | | | | |
| | | 12d | | | | |
| | | 13 Stat emp. Ret. plan 3rd party sick pay | | | | |
| _ | | | | | | |

e/f Employee's name, address and ZIP code

POOJA DAGAR APT 811 7508 MARCHAND LANE CHARLOTTE NC 28262

| 15 State | Employer's state I | ID no 1 | 16 | Ctata wasaa | tina ata |
|----------|--------------------|-----------|----|--------------|------------|
| | | ון.טוו טו | 10 | State wages, | |
| NC | 600224454 | | | | 37670.37 |
| 17 State | income tax | 1 | 18 | Local wages | tips, etc. |
| | 1616. | 00 | | | |
| 19 Local | income tax | 2 | 20 | Locality nam | е |
| i | | | | | |

NC.State Filing Copy

Wage and Tax
Statement
Copy 2 to be filed with employee's State Income Tax
Return.

NC.State Filing Copy
NC.State Filing Copy
Return.
Return.