

006-009388-W2-75093-CGA

Year To Date Earnings

Regular - Semi Mo.	52312.52
Retro Pay	387.48
Vacation Paid Not Taken	5092.45
Variable Compensation Award	5715.00
Group Term Life > \$50000	74.20

Year To Date Deductions

Pretax Medical Deduction	1455.84
Vision Plan	72.00
Pretax Dental Plan	190.08
Health Care Spending Account	333.36
CGA AD&O Insurance	8.40
Mercer Voluntary Deductions	41.92
401(k) Contribution	2635.03
Group Term Life-\$50000 Offset	74.20

Social Security No.
 XXX-XX-6884

a Employee's social security number XXX-XX-6884		d Control number 028296 WY/2S7		7 Social security tips		1 Wages, tips, other compensation 58895.34		2 Federal income tax withheld 6280.98		
c Employer's name, address, and ZIP code Capgemini America, Inc. PO BOX 17004 AUGUSTA, GA 30903				8 Allocated tips		3 Social security wages 61530.37		4 Social security tax withheld 3814.88		
b Employer identification number (EIN) 22-2575929				9		5 Medicare wages and tips 61530.37		6 Medicare tax withheld 892.19		
e Employee's first name and initial Last name Suff. VENKATA KOTESWARARAO RAYALLA 2525 PRESTON RD 1514 PLANO, TX 75093				10 Dependent care benefits		12a See instructions for box 12 C 74.20		12b D 2635.03		
f Employee's address and ZIP code				11 Nonqualified plans		12c DD 7586.00		12d		
				13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <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.		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-6884		d Control number 028296 WY/2S7		7 Social security tips		1 Wages, tips, other compensation 58895.34		2 Federal income tax withheld 6280.98		
c Employer's name, address, and ZIP code Capgemini America, Inc. PO BOX 17004 AUGUSTA, GA 30903				8 Allocated tips		3 Social security wages 61530.37		4 Social security tax withheld 3814.88		
b Employer identification number (EIN) 22-2575929				9		5 Medicare wages and tips 61530.37		6 Medicare tax withheld 892.19		
e Employee's first name and initial Last name Suff. VENKATA KOTESWARARAO RAYALLA 2525 PRESTON RD 1514 PLANO, TX 75093				10 Dependent care benefits		12a See instructions for box 12 C 74.20		12b D 2635.03		
f Employee's address and ZIP code				11 Nonqualified plans		12c DD 7586.00		12d		
				13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <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.		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-6884		d Control number 028296 WY/2S7		7 Social security tips		1 Wages, tips, other compensation 58895.34		2 Federal income tax withheld 6280.98		
c Employer's name, address, and ZIP code Capgemini America, Inc. PO BOX 17004 AUGUSTA, GA 30903				8 Allocated tips		3 Social security wages 61530.37		4 Social security tax withheld 3814.88		
b Employer identification number (EIN) 22-2575929				9		5 Medicare wages and tips 61530.37		6 Medicare tax withheld 892.19		
e Employee's first name and initial Last name Suff. VENKATA KOTESWARARAO RAYALLA 2525 PRESTON RD 1514 PLANO, TX 75093				10 Dependent care benefits		12a See instructions for box 12 C 74.20		12b D 2635.03		
f Employee's address and ZIP code				11 Nonqualified plans		12c DD 7586.00		12d		
				13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <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.		19 Local income tax		20 Locality name

Notice to Employee

Do you have to file? Answer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if you are eligible for any credit.
Earned income credit (EIC). You may be able to take the EIC for 2003 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on your income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid Social Security numbers (SSNs). You can't lose the EIC if your investment income is more than the specified amount for 2003 or if income is earned for services provided while you were an inmate at a penal institution. For 2003 income limits and more information, visit www.irs.gov/eitc. See also Pub. 596. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.
Employee's social security number (SSN). For your protection, don't give away only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS for the Social Security Administration (SSA).
 clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 917.
Completions. If your return shows an address as incorrect, correct Lines C, E, and J and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2. Corrected W-2s and W-9s must be filed with the SSA to correct any further SSN or income amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2 from your employer for all corrections made to a new copy. Don't display your correct return at any place and allow any correct but unfiled return to be used for a new copy. Don't display your correct return at any SSA office or by calling 800-777-1213. You may also visit the SSA website at www.irs.gov.

Instructions for Employee

Line 1. Enter the amount on the wages line of your tax return.
Line 2. Enter the amount on the federal income tax withheld line of your tax return.
Line 3. This may be required to report this amount on Form 9999. See the Form 1040 instructions to determine if you are required to complete Form 9999.
Line 4. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.
Line 5. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.
Line 6. You must file Form 4137 with your income tax return to report at least the allocated fair market value you can prove with adequate records that you acquired a taxable amount. If you have records that show the actual amount of fair value received, report that amount even if it is more or less than the allocated fair value. Use Form 4137 to figure the actual security and Medicare tax based on the actual amount you received. Enter this amount on the wages line of your tax return. By filing Form 4137, your actual security tax will be credited to your social security record based on the actual amount.
Line 7. This amount includes the total dependent care benefits that your employer paid to you or accrued on your behalf (including amounts from a section 125 cafeteria plan). Any amount over your employer's plan limit is also included in box 1. See Form 2444.
Line 11. This amount is also reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or non governmental section 407(a) plan, or (b) included in box 2 under line 5 if it is a more year deferral under a nonqualified section 407(a) plan that accrues benefits for assets security and Medicare taxes that were because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This tax should be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year and you are or will be age 59 1/2 by the end of the calendar year, your employer should file Form 5500-A-13, Employer Report of Separated Single Payments, with the Social Security Administration and give you a copy.
Line 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. (Effective deferrals include D, E, F, and G) and designated Roth contributions include AA, BB, and EE) under a plan generally limited to a total of \$22,500 (\$12,500 if you only have SIMPLE plans, \$5,000 for section 408(a)(4) plans) for the 15-year run employed in Pub. 5711. Deferrals under code G are limited to \$2,500. Deferrals under code H are limited to \$1,000.
Note. If you were of least age 50 in 2003, your employer may have allowed an additional deferral of up to \$7,500 (\$3,000 for section 401(a)(11) and 408(a) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Instructions (continued)

Note. If a year shows code D through H, E, F, AA, BB, or EE, you made a state- or local-governance contribution for a prior period which you want to include in income. To figure whether you made assets deferrals, contact those amounts for the year shown, and the current year. If the year is shown, the contribution is for the current year.
A—Governmental deferral under a 407(a) plan or a 408(a) plan. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.
B—Individual deferral under a 407(a) plan. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.
C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 and 5) the estate benefits wage benefit, and (2) employee deferrals in a section 401(a) plan or a 408(a) plan. Also includes amounts under a 408(a) deferral account that is part of a section 401(a) arrangement.
D—Employee deferral under a section 408(a) salary deferral agreement.
E—Employee deferral under a section 408(a) salary deferral agreement.
F—Employee deferral and structure contributions including nonexempt deferrals to a section 407(a) deferral compensation plan.
G—Employee deferral in a section 401(a) plan or a 408(a) plan. See the Form 1040 instructions for how to report.
H—Employee deferral only, not included in box 1, 3, or 5.
I—20% excise tax on certain golden parachute payments. See the Form 1040 instructions.
J—Unincluded social security or FICA tax on taxable cost of group-term life insurance over \$50,000 (dollar-weighted basis). See the Form 1040 instructions.
K—Unincluded Medicare tax on taxable cost of group-term life insurance over \$50,000 (dollar-weighted basis). See the Form 1040 instructions.
L—Unincluded moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5).
M—Employer contributions to your former IRA. Report on Form 1099.
N—Employee deferral contribution under a section 408(a) SIMPLE plan not included in box 1.
O—Employee deferral contribution under a section 408(a) SIMPLE plan not included in box 1.
P—Income from a nonqualified deferred compensation plan that is subject to section 409A. This amount is also included in box 1. It is subject to an additional 20% tax for each year. See the Form 1040 instructions.
AA—Designated Roth contributions under a section 401(a) plan.
BB—Designated Roth contributions under a section 408(a) plan.
CC—Cost of employer-approved health coverage. The amount reported with code (D) is not taxable.
DD—Designated Roth contributions under a governmental section 457(a) plan. This amount does not apply to contributions under a tax-qualified organization section 457(a) plan.
EE—Employee deferral under a qualified equity grant under section 409(a).
FF—Employee deferral under a qualified employer health reimbursement arrangement.
HH—Employee deferral under section 501(c)(29)(a) or (b) of the Code of the employee or the amount of optional IRA contributions plus any deferral. See Pub. 590-A.
Line 13. If the "Married" status box is checked, answer each box only once in the amount of optional IRA contributions plus any deferral. See Pub. 590-A.
Line 14. Employees may use this line to report information such as stock flexibility insurance base withheld, union dues, uniform payments, health insurance premiums deducted, nonqualified income, educational assistance payments or a number of the employer's group-term life insurance. Normal employee cost amounts are reported in boxes 1, 3, and 5. For more information on how to report this information, see the Form 1040 instructions. For more information on how to report this information, see the Form 1040 instructions. For more information on how to report this information, see the Form 1040 instructions.
Note. Copy C of Form 1040 for at least 5 years after the due date for filing your income tax return, however, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

IF NEEDED, PLEASE MAKE A COPY OF YOUR STATE OR FEDERAL FILING COPY FOR USE WITH YOUR CITY OR LOCAL TAX FILING

021 LDI-AP1 75093



IMPORTANT TAX DOCUMENT

Outsourcing for HR, Benefits and Payroll
ADP National Account Services

2 WITH THIS SIDE UP, SLIDE FINGER BETWEEN FRONT AND MIDDLE PANEL TO TURN PAGE TO NEXT PAGE.
3 BEFORE DETACHING TAX FORMS SLIDE FINGER UP BETWEEN MIDDLE AND SHORT PANEL TO TURN PAGE TO NEXT PAGE.