

Year To Date Earnings

Regular - Semi Mo.	160534.65
Retro Pay	681.51
Variable Compensation Award	9291.00
Group Term Life > \$50000	343.20

Year To Date Deductions

Pretax Medical Deduction	3867.60
Vision Plan	216.00
Pretax Dental Plan	570.24
Legal Plan	196.80
401(k) Contribution	22500.00
Group Term Life-\$50000 Offset	343.20

006-012670-W2-95330-CGA

Social Security No.:
XXX-XX-0732

a Employee's social security number XXX-XX-0732	d Control number 006372 WY/2S7	7 Social security tips	1 Wages, tips, other compensation 143696.52	2 Federal income tax withheld 26358.96	
c Employer's name, address, and ZIP code Capgemini America, Inc. PO BOX 17004 AUGUSTA, GA 30903		8 Allocated tips	3 Social security wages 160200.00	4 Social security tax withheld 9932.40	
		9	5 Medicare wages and tips 166196.52	6 Medicare tax withheld 2409.85	
b Employer identification number (EIN)	22-2575929	10 Dependent care benefits	12a See instructions for box 12 C 343.20	12b D 22500.00	
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans	12c DD 22258.08	
SATYANARAYANA MULAGALA 2858 TACOMA DR LATHROP, CA 95330			13 Statutory Retirement Third-party employee plan sick pay	14 Other CA-SDI 1322.68	
f Employee's address and ZIP code		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15 State Employer's State ID No CA 258-1159-7	16 State wages, tips, etc. 128660.43	17 State income tax 9540.66	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-0732	d Control number 006372 WY/2S7	7 Social security tips	1 Wages, tips, other compensation 143696.52	2 Federal income tax withheld 26358.96	
c Employer's name, address, and ZIP code Capgemini America, Inc. PO BOX 17004 AUGUSTA, GA 30903		8 Allocated tips	3 Social security wages 160200.00	4 Social security tax withheld 9932.40	
		9	5 Medicare wages and tips 166196.52	6 Medicare tax withheld 2409.85	
b Employer identification number (EIN)	22-2575929	10 Dependent care benefits	12a See instructions for box 12 C 343.20	12b D 22500.00	
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans	12c DD 22258.08	
SATYANARAYANA MULAGALA 2858 TACOMA DR LATHROP, CA 95330			13 Statutory Retirement Third-party employee plan sick pay	14 Other CA-SDI 1322.68	
f Employee's address and ZIP code		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15 State Employer's State ID No CA 258-1159-7	16 State wages, tips, etc. 128660.43	17 State income tax 9540.66	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-0732	d Control number 006372 WY/2S7	7 Social security tips	1 Wages, tips, other compensation 143696.52	2 Federal income tax withheld 26358.96	
c Employer's name, address, and ZIP code Capgemini America, Inc. PO BOX 17004 AUGUSTA, GA 30903		8 Allocated tips	3 Social security wages 160200.00	4 Social security tax withheld 9932.40	
		9	5 Medicare wages and tips 166196.52	6 Medicare tax withheld 2409.85	
b Employer identification number (EIN)	22-2575929	10 Dependent care benefits	12a See instructions for box 12 C 343.20	12b D 22500.00	
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans	12c DD 22258.08	
SATYANARAYANA MULAGALA 2858 TACOMA DR LATHROP, CA 95330			13 Statutory Retirement Third-party employee plan sick pay	14 Other CA-SDI 1322.68	
f Employee's address and ZIP code		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15 State Employer's State ID No CA 258-1159-7	16 State wages, tips, etc. 128660.43	17 State income tax 9540.66	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy W-2 Wage and Tax Statement 2023 Copy C for employee's records. OMB No. 1545-0008

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information file a new W-4 with your payroll department.

Social Security Number: XXX-XX-5425

ARUNA MALLADI 2506 RIVERFRONT DR LATHROP, CA 95330



Form 1: W-2 for Edward D Jones & Co LP, St Louis, MO. Box 1: 112118.81. Box 2: 12985.17. Box 3: 119102.93. Box 4: 7384.38.

Form 2: W-2 for Edward D Jones & Co LP, St Louis, MO. Box 1: 112118.81. Box 2: 12985.17. Box 3: 119102.93. Box 4: 7384.38.

Form 3: W-2 for Edward D Jones & Co LP, St Louis, MO. Box 1: 112118.81. Box 2: 12985.17. Box 3: 119102.93. Box 4: 7384.38.

Federal Filing Copy W-2 Wage and Tax Statement 2023 Copy B to be filed with employee's Federal Income Tax Return.

CA. State Filing Copy W-2 Wage and Tax Statement 2023 Copy 2 to be filed with employee's State Income Tax Return.

City or Local Filing Copy W-2 Wage and Tax Statement 2023 Copy 2 to be filed with employee's City or Local Income Tax Return.