

011-010144-W2-W2-60169-HCL

Social Security No.:  
XXX-XX-2549

**Year To Date Earnings**

Group Term Life > \$50,000	80.40
Additional KPP Linked Bonus	4765.48
Engagement Performance Bonus	8643.76
Base Salary	11700.00

**Year To Date Deductions**

401k Pretax Contributions	6276.72
401k Pretax Contribution New	243.75
Dental Pre-Tax	356.40
Group Term Life > \$50,000	80.40
Medical Pre-Tax	3491.76
Vision Pre-Tax	379.20

a Employee's social security number XXX-XX-2549	d Control number 058365 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 119741.81	2 Federal income tax withheld 18046.66
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 126262.28	4 Social security tax withheld 7828.26
b Employer identification number (EIN) 77-0205035		9	5 Medicare wages and tips 126262.28	6 Medicare tax withheld 1830.80
e Employee's first name and initial Last name MADAN MOHAN NALLA 731 ASCOT CT HOFFMAN ESTATES, IL 60169		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 80.40
f Employee's address and ZIP code		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	12c DD 17120.52	12b D 6520.47 12d
15 State Employer's State ID No IL 77-0205035 000 7	16 State wages, tips, etc. 119741.81	17 State income tax 5797.41	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

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**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

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