National Account Services Outsourcing for HR, Benefits and Payroll 006 - 000706 - W2 - 07307 - CGA		Year To Date Earnings		Year To Date Deductions			
		Retro Vacati Group	Regular - Semi Mo. Retro Pay Vacation Paid Not Taken Group Term Life > \$50000 Medical/Dental Imputed Income				Deduction 808.8 fes\$50000 Offset 32.6 ed Income Offset 2606.0
Social Security No.: XXX-XX-2172							
a Employee's social security number XXX - XX - 2172	d Control number		7 Social sec	urity tips	1 Wages, t	ips, other compensation 33022.79	2 Federal income tax withheld 4885, 93
c Employer's name, address, and ZIP code Capgemini America, Inc. PO BOX 17004 AUGUSTA, GA 30903			8 Allocated tips		3 Social security wages 5 Medicare wages and tips		4 Social security tax withheld
							6 Medicare tax withheld
		10 Dependent care benefits		© 12a See instructions for box 12		° 12b	
b Employer identification number (El		Suff.	11 Nonqualit	ied plans	C 12c	32.64	© 12d . 4970.64
e Employee's first name and initial Last name PREETY VANDANA		Sull.			d e		d d e
251 CAMBRIDGE AVENUE JERSEY CITY, NJ 07307			13 Statutory employee	Retirement Third-party plan sick pay	14 Other NJ-FI	_I 20.28	
					NJ-U		
f Employee's address and ZIP code 15 State Employer's State ID No 16	State wages, tips, etc.	17 State incom	e tax	18 Local wages, tip	os, etc. 1	9 Local income tax	20 Locality name
NJ 222-575-929/000	33831.59	16	36.92				
2023 MB No. 1545-0008 Form W-2 Wage and Tax Statement a Employee's social security number d Control number					Be Filed With Employee's State, Ct of the Treasury-Internal Revenue State 1 Wages, tips, other compensation		ervice.
XXX-XX-2172 c Employer's name, address, and Zli	025532 WY/2S7		R Allocated t	inc	2 Social sa	33022.79	4885.93 4 Social security tax withheld
Cappemini America, Inc. PO BOX 17004			8 Allocated tips		3 Social security wages 5 Medicare wages and tips		6 Medicare tax withheld
AUGUSTA, GA 30903			10.5		C.12		
b Employer identification number (El	N) 22-2575929		10 Dependent care benefits C 12a See in		nstructions for box 12 32.64	C 401	
e Employee's first name and initial Last name Suff.			11 Nonqualified plans		C 12a		© 12b d DD 4970.64
PREETY VANDANA 251 CAMBRIDGE AVENUE JERSEY CITY, NJ 07307					d e		C 12b 4970.64
Employee's address and ZIP code 15 State Employer's State ID No 16			13 Statutory employee	Retirement Third-party plan sick pay	14 Other NJ-FL NJ-U	.I 20.28	
		17 State incom	employee e tax	Retirement Third-party	14 Other NJ-FL NJ-U	.I 20.28	
NJ 222-575-929/000	State wages, tips, etc. 33831.59		e tax	Retirement Third-party plan sick pay	14 Other NJ-FL NJ-U	.I 20.28 ₩ 143.65	© 12d
2023 MB No. 1545-0008 Form W-2 N	33831.59 Nage and Tax State	16	e tax 336.92 Federal Filing Co	Retirement Third-party plan sick pay 18 Local wages, tip Copy B - To Department	14 Other NJ-FI NJ-UI Pos, etc. 1 Be Filed W of the Treas	I 20.28 IW 143.65 9 Local income tax ith Employee's FEDERA	20 Locality name
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