National Account Services	3	Year To	Date Earni	ings		Year To Date	Deductions
Outsourcing for HR, Benefits and Psyroll Group Paid Base		Paid He Base S	o Term Life > \$50,000 Holiday Salary Hourly nation Vacation		11.65 Group Term L 1664.00 3744.00 590.72		fe > \$50.000 11.
rial Security No.: (X - XX - 1074							
	d Control number		7 Social sec	curity tips	1 Wages,		2 Federal income tax withheld
XXX-XX-1074 Employer's name, address, and ZIP c				8 Allocated tips		6010.37 ecurity wages	468.97 4 Social security tax withheld
HCL America Solutions, Inc. 330 Potrero Ave.			9		6010.37 5 Medicare wages and tips		372.64
Sunnyvale, CA 94085-4113					6010.37		6 Medicare tax withheld 87.15
Employer identification number (EIN) 45-5639284			10 Dependent care benefits		C 12a See	instructions for box 12 11.65	C 12b
Employee's first name and initial Last name LAKSHMI SIREESHA VILLA 5773 PARKSIDE CROSSING DUBLIN, OH 43016		Suff.	11 Nonquali	ified plans	C 12c		C 12d
			13 Statutory employee	Retirement Third-party plan sick pay	14 Other		
mployee's address and ZIP code State Employer's State ID No 16 Sta	ate wages, tips, etc.	17 State incom	e tax	18 Local wages, ti	ps, etc.	19 Local income tax	20 Locality name
3 No. 1545-0008			Сору	to the Intern	al Revenue	Service. If you are require	ervice. This information is being fur ed to file a tax return, a negligence
B No. 1545-0008 Form W-2 Water Employee's social security number IXX - XX - 1074	age and Tax State	ement	State Filing C	opy Department	of the Trea	asury-Internal Revenue Se	2 Federal income tax withheld
Employer's name, address, and ZIP code			8 Allocated tips		3 Social security wages		468.97 4 Social security tax withheld
HCL America Solutions, Inc. 330 Potrero Ave. Sunnyvale, CA 94085-4113			9		6010.37 5 Medicare wages and tips		372.64 6 Medicare tax withheld
TATO DESCRIPTION OF THE PARTY O			10 Dependent care benefits		6010.37		87.15
Employer identification number (EIN) 45-5639284 Employee's first name and initial Last name Suff.			11 Nonqualified plans		G 12c 11.65		© 12d
LAKSHMI SIREESHA VILLA 5773 PARKSIDE CROSSING			13 Statutory employee	Retirement Third-party plan sick pay	d d e		
WBLIN, 0H 43016 mployee's address and ZIP code				Sick pay	5 (42.00.3)		
State Employer's State ID No 16 State APPLIED FOR	ate wages, tips, etc.	17 State incom	e tax .88.10	18 Local wages, tip		19 Local income tax 120.07	20 Locality name OH Dublin
021			Federal				
MB No. 1545-0008 Form W-2 Wage and Tax Statement			Filing Copy Copy B - To Department		Be Filed With Employee's FEDERAL Tax Return. of the Treasury-Internal Revenue Service.		
mployee's social security number XX - XX - 1074	001483 WY/3Q0			7 Social security tips		tips, other compensation 6010.37	2 Federal income tax withheld 468.97
Employer's name, address, and ZIP code HCL America Solutions, Inc. 330 Potrero Ave. Sunnyvale, CA 94085-4113			8 Allocated tips		3 Social s	ecurity wages 6010.37	4 Social security tax withheld 372.64
			9		5 Medicare wages and tips 6010.37		6 Medicare tax withheld 87.15
Employer identification number (EIN) 45-5639284			10 Dependent care benefits		C12a See	instructions for box 12 11.65	C 12b
Employee's first name and initial Last name LAKSHMI SIREESHA VILLA 5773 PARKSIDE CROSSING		Suff.	11 Nonquali	Retirement Third-party	C 12c		C 12d
UBLIN, OH 43016			employee	plan sick pay			
mployee's address and ZIP code State Employer's State ID No 16 Sta	te wages, tips, etc.	17 State income	e tax	18 Local wages, tip	os, etc.	19 Local income tax	20 Locality name