Year To Date Earnings

Group Term Life > \$50,000	16.87					
Relocation Payment Suppl	400.00					
Engagement Performance Bonus 64						
Base Salary	39675.00					

Year To Date Deductions

1121/advance	5000.00
Dental Pre-Tax	136.62
FSA Dependent Care	100.00
Group Term Life > \$50,000	16.87
FSA Health Care	100.00
Medical Pre-Tax	1338.51
Vision Pre-Tax	25.30
Voluntary Life Insurance	61.64

011-011469-W2-W2-28262-HCL

HCL AMERICA INC. 2600 Great America Way, suite 401 Santa Clara, CA 95054

Form W-2 Wage and Tax Statement

Social Security No.: xxx-xx-2191

a Employee's social security number	d Control number		7 Social secu	rity tips	1 Wages	, tips, other compensation	2 Federal	
XXX-XX-2191	067407 WY/0T3					39039.85		6767.87
c Employer's name, address, and ZIP code		8 Allocated tips		3 Social security wages		4 Social security tax withheld		
HCL AMERICA INC.					39039.85		2420.47	
2600 Great America Way,	, suite 401		9		5 Medicare wages and tips		6 Medicare tax withheld	
Santa Clara, CA 95054						39039.85		566.08
b Employer identification number (EIN) 77–0205035			10 Dependent care benefits 100.00		C 12a See instructions for box 12		C 12b	7133.55
e Employee's first name and initial PAVAN KUMAR POLU	Last name	Suff.	11 Nonqualified plans		C₀ de de		^C 12d	
1720 UNISON DR CHARLOTTE, NC 28262				Retirement Third-party plan sick pay	14 Other			
f Employee's address and ZIP code								
15 State Employer's State ID No 16 S	tate wages, tips, etc.	17 State income	tax	18 Local wages, tip	os. etc.	19 Local income tax	20 L	ocality name
NC 600077236	39039.85	1	1582.00					,



OMB No. 1545-0008

 Employee's
 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 OMB No. 1545-0008 Form W-2	Wage and Tax Stater		State Filing Cop			With Employee's State, Cir asury-Internal Revenue Se		cal Income Tax Return.
a Employee's social security number XXX-XX-2191	d Control number 067407 WY/0T3		7 Social secur	ity tips	1 Wages	, tips, other compensation 39039.85	2 Federa	al income tax withheld 6767.87
c Employer's name, address, and ZIP code HCL_AMERICA_INC_		8 Allocated tips		3 Social security wages 39039.85		4 Social security tax withheld 2420.47		
2600 Great America Way, suite 401 Santa Clara, CA 95054		9		5 Medicare wages and tips 39039.85		6 Medicare tax withheld 566.08		
b Employer identification number (EIN) 77-0205035			10 Dependent	100.00	0 12a See d C	e instructions for box 12 16.87	C 12b	7133.55
e Employee's first name and initial PAVAN KUMAR POLU	Last name	Suff.	11 Nonqualifie	•	ੂ 12c		o 12d	
1720 UNISON DR CHARLOTTE, NC 28262			-	Retirement Third-party an sick pay	14 Other			
f Employee's address and ZIP code								
15 State Employer's State ID No 16 NC 600077236	State wages, tips, etc. 39039.85	17 State income 1	e tax 582.00	18 Local wages, ti	ps, etc.	19 Local income tax	20	Locality name

2023 OMB No. 1545-0008 Form W-	2 Wage and Tax Stater	nent	Federal Filing Cop	Copy B - To Dy Department		With Employee's FEDERA asury-Internal Revenue Se		turn.
a Employee's social security num XXX-XX-2191	ber d Control number 067407 WY/0T3		7 Social securi	ity tips	1 Wages	, tips, other compensation 39039.85	2 Federa	l income tax withheld 6767.87
c Employer's name, address, and HCL AMERICA INC.	ZIP code		8 Allocated tip:	S	3 Social	security wages 39039.85	4 Social s	security tax withheld 2420.47
2600 Great America Wa Santa Clara, CA 9505			9		5 Medica	re wages and tips 39039.85	6 Medica	re tax withheld 566.08
b Employer identification number (EIN) 77–0205035			10 Dependent	care benefits 100.00	C12a See	instructions for box 12 16.87	C 12b	7133.55
e Employee's first name and initia PAVAN KUMAR POLU	I Last name	Suff.	11 Nonqualifie	d plans	C 12c		^C 12d	
1720 UNISON DR CHARLOTTE, NC 28262				tetirement Third-party lan sick pay	14 Other			
f Employee's address and ZIP cod								
15 State Employer's State ID No NC 600077236	16 State wages, tips, etc. 39039.85	17 State income	e tax 582.00	18 Local wages, tip	os, etc.	19 Local income tax	20 L	Locality name

Notice to Employee Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you do not have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for

If you do not have to the a tak return, you may be chague to a treatmant back 2 shows an example at a your be engine to any credit. **Earned income credit (EIC)**. You may be able to take the EIC for 2023 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on 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 want is any credit is based on 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 want is governed to reservices provided while you were an inmate at a penal institution. For 2023 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596. Any EIC that is more than your tax Iliability is refunded to you, but only if you file a tax return. **Employee's social Security number (SSN)**. For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security

Administration (SSA), Clergy and religious workers. If you are not subject to social security and Medicare taxes, see Pub. 517. Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

www.socialsecurity.gov. Cost of employer-sponsored health coverage (if such cost is provided by the employer). The social is the start of employer sponsored bit of the cost of employer-sponsored health coverage is for your information only.

reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable. Credit for excess taxes. If you had more than one employer in 2023 and more than \$9,932.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,821.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return. Box 2. Enter this amount on the federal income tax withheld line of your tax return. Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959. Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in Box 5, as well

Box 0. 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. Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report lips on your tax return, see the Form 1040 instructions. You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

tax return. By tilling form 4137, your social security tips will be dromote to your benefits. Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred 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 2441. Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferra under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box should not 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 62 by the end of the calendar year, your employer should file form SSA.131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy. prior year deferral

Should nee form system and the provided and the system of the system and the syst

Leterrais under code H are limited to \$7,000. However, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to \$7,500 (\$3,500 for section 401(k)(11) and 406(p) 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.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form O instructions

Uncollected Medicare tax on tips. 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 (up to the social security wage base), and 5). —Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE ase), and 5). —Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE tirement account that is part of a section 401(k) arrangement. —Elective deferrals under a section 403(k)(b) salary reduction agreement —Elective deferrals under a section 403(k)(b) salary reduction SEP —Elective deferrals under a meloyer contributions (including nonelective deferrals) to a section 457(b) deferred

Compensation plan
 H—Elective deferrats to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

how to deduce size to a second so (c)(10)(c) taketempt organization plan. See the Form 1040 instructions for J_Nontaxable size tax on excess golden parachule payments. See the Form 1040 instructions. L_Substantiated employee business expense reimbursements (nontaxable) M_Uncolected social secunity or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only) dee the form 1040 instructions. See the Form 1040 instructions. P_Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5). Q_Montaxable conbiat pay. See the Form 1040 instructions for details on reporting this amount. R_Employee contributions to vour Archer MSA. Renort on Form 8843

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5).
See the Form 1040 instructions for details on reporting this amount.
Employee salary reductions to your Archer MSA. Report on Form 8853.
Employee salary reductions to your Archer MSA. Report on Form 8853.
Employee salary reductions to rotintbuttors under a section 408(p) SIMPLE plan (not included in box 1).
Interployee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1).
Interployee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1).
Interployee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1).
Interployee contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.
Uncerployer contributions under a section 401(k) plan
Beorganeted Roth contributions under a section 401(k) plan
BeDesignated Roth contributions under a section 401(k) plan
DDe Cost of employer-sponsored health coverage. The amount for 457(b) plan. This amount does not another to form 457(b) plan.

taxable.

Emplosignated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF-Permitted benefits under a gualified small employer health reimbursement arrangement

GG-Income from qualified equity grants under section 83(i)

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

HH-Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A. Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Raitoad employers use this box to report raifroad retirement (RRTA) compensation. Tier 1 tax, Tier 2 tax, Medicare tax and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 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.