

Year To Date Earnings

Group Term Life > \$50,000	35.31
Engagement Performance Bonus	1224.33
Base Salary	59675.00
Salary LWP	-10488.34

Year To Date Deductions

Group Term Life > \$50,000	35.31
Medical Pre-Tax	83.27

011-005479-W2-W2-27518-HCL

Social Security No.:
XXX-XX-3798

a Employee's social security number XXX-XX-3798	d Control number 066973 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 50363.03	2 Federal income tax withheld 7821.94
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 50363.03	4 Social security tax withheld 3122.51
		9	5 Medicare wages and tips 50363.03	6 Medicare tax withheld 730.26
b Employer identification number (EIN) 77-0205035		10 Dependent care benefits	C 12a See instructions for box 12 C 35.31	C 12b DD 2030.85
e Employee's first name and initial Last name NIKHIL TEJA GURRAM 10737 E BRIDGFORD DR CARY, NC 27518	Suff.	11 Nonqualified plans	C 12c W 116.69	C 12d
f Employee's address and ZIP code		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14 Other	
15 State Employer's State ID No NC 600077236	16 State wages, tips, etc. 50363.03	17 State income tax 2156.00	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-3798	d Control number 066973 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 50363.03	2 Federal income tax withheld 7821.94
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 50363.03	4 Social security tax withheld 3122.51
		9	5 Medicare wages and tips 50363.03	6 Medicare tax withheld 730.26
b Employer identification number (EIN) 77-0205035		10 Dependent care benefits	C 12a See instructions for box 12 C 35.31	C 12b DD 2030.85
e Employee's first name and initial Last name NIKHIL TEJA GURRAM 10737 E BRIDGFORD DR CARY, NC 27518	Suff.	11 Nonqualified plans	C 12c W 116.69	C 12d
f Employee's address and ZIP code		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14 Other	
15 State Employer's State ID No NC 600077236	16 State wages, tips, etc. 50363.03	17 State income tax 2156.00	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-3798	d Control number 066973 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 50363.03	2 Federal income tax withheld 7821.94
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 50363.03	4 Social security tax withheld 3122.51
		9	5 Medicare wages and tips 50363.03	6 Medicare tax withheld 730.26
b Employer identification number (EIN) 77-0205035		10 Dependent care benefits	C 12a See instructions for box 12 C 35.31	C 12b DD 2030.85
e Employee's first name and initial Last name NIKHIL TEJA GURRAM 10737 E BRIDGFORD DR CARY, NC 27518	Suff.	11 Nonqualified plans	C 12c W 116.69	C 12d
f Employee's address and ZIP code		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14 Other	
15 State Employer's State ID No NC 600077236	16 State wages, tips, etc. 50363.03	17 State income tax 2156.00	18 Local wages, tips, etc.	19 Local income tax
		20 Locality name		