

**Year To Date Earnings**

Client Bonus-Inc	200.00
Group Term Life > \$50,000	45.84
Engagement Performance Bonus	6704.61
Base Salary	97650.00

**Year To Date Deductions**

401k Pretax Contributions	4250.61
Critical Illness	282.00
Dental Pre-Tax	201.60
401k Loan	1700.64
Group Accident Post Tax	76.32
Group Term Life > \$50,000	45.84
HSA Individual	1000.00
Indian Insurance For Dependent	958.51
401k Roth	1079.81
Medical Pre-Tax	830.64
Power Of 1	24.00
Vision Pre-Tax	113.76
Voluntary Life Insurance	199.20

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Social Security No.  
XXX-XX-2566

a Employee's social security number XXX-XX-2566		d Control number 042268 WY/0T3		7 Social security tips	1 Wages, tips, other compensation 98203.84	2 Federal income tax withheld 13855.28
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 102454.45	4 Social security tax withheld 6352.18
b Employer identification number (EIN) 77-0205035				9	5 Medicare wages and tips 102454.45	6 Medicare tax withheld 1485.59
e Employee's first name and initial Last name Suff GOWTHAM VEERA SHANKER KALAVA 627 DESOTA DRIVE BRIDGEWATER, NJ 08807				10 Dependent care benefits	c 12a See instructions for box 12 AA 1079.81	
f Employee's address and ZIP code				11 Nonqualified plans	c 12b C 45.84	
15 State Employer's State ID No NJ 770-205-035/000				16 State wages, tips, etc. 100349.84	17 State income tax 4701.22	18 Local wages, tips, etc.
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other NJ-FLI 62.73 NJ-UHW 174.66	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-2566		d Control number 042268 WY/0T3		7 Social security tips	1 Wages, tips, other compensation 98203.84	2 Federal income tax withheld 13855.28
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 102454.45	4 Social security tax withheld 6352.18
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				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other NJ-FLI 62.73 NJ-UHW 174.66	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-2566		d Control number 042268 WY/0T3		7 Social security tips	1 Wages, tips, other compensation 98203.84	2 Federal income tax withheld 13855.28
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 102454.45	4 Social security tax withheld 6352.18
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