

Year To Date Earnings

Assured Bonus Part of OGPB	1406.28
Group Term Life > \$50,000	134.76
OGPB	1856.25
Base Salary	87393.84

Year To Date Deductions

DENTAL PRE-TAX	300.00
Group Term Life > \$50,000	134.76
MEDICAL PRE-TAX	2688.00
VISION PRE-TAX	361.44

009-007600-W2-W2-78240-HCL

Social Security No.:

858-41-1137

Marital Status:

Married

Exemptions/Allowances:

Federal: **0/0**

State: **0/0**

a Employee's social security number 858-41-1137	d Control number 034364 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 87441.69	2 Federal income tax withheld 11276.79
c Employer's name, address, and ZIP code HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4194		8 Allocated tips	3 Social security wages 87441.69	4 Social security tax withheld 5421.38
b Employer identification number (EIN) 77-0205035		9 Verification code	5 Medicare wages and tips 87441.69	6 Medicare tax withheld 1267.90
e Employee's first name and initial Last name Suff. AMIT MISHRA 4980 USAA BLVD APT 1036 SAN ANTONIO, TX 78240		10 Dependent care benefits	11a See instructions for box 12 C	11b DD 11370.48
f Employee's address and ZIP code		11 Nonqualified plans	12c	12d
		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	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
20 Locality name				

2017 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.

2017 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 858-41-1137	d Control number 034364 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 87441.69	2 Federal income tax withheld 11276.79
c Employer's name, address, and ZIP code HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4194		8 Allocated tips	3 Social security wages 87441.69	4 Social security tax withheld 5421.38
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f Employee's address and ZIP code		11 Nonqualified plans	12c	12d
		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	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
20 Locality name				

2017 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 858-41-1137	d Control number 034364 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 87441.69	2 Federal income tax withheld 11276.79
c Employer's name, address, and ZIP code HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4194		8 Allocated tips	3 Social security wages 87441.69	4 Social security tax withheld 5421.38
b Employer identification number (EIN) 77-0205035		9 Verification code	5 Medicare wages and tips 87441.69	6 Medicare tax withheld 1267.90
e Employee's first name and initial Last name Suff. AMIT MISHRA 4980 USAA BLVD APT 1036 SAN ANTONIO, TX 78240		10 Dependent care benefits	11a See instructions for box 12 C	11b DD 11370.48
f Employee's address and ZIP code		11 Nonqualified plans	12c	12d
		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	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
20 Locality name				