Year To Date Earnings

10667.94 Location Allowance Group Term Life > \$50,000 38.24 521.40 Paid Holiday Engagement Performance Bonus 947.56 22.80 Retroactive Earnings Suppl 69229.30 Base Salary Special Skill Allowance 5357.70 6910.20 Termination Vacation

Year To Date Deductions

401k Pretax Contributions	4682.90
DENTAL PRE-TAX	235.00
Group Term Life > \$50,000	38.24
Indian Insurance For Dependent	375.22
MEDICAL PRE-TAX	2105.60
VISION PRE-TAX	48 88

Social Security No.: 625-87-8536 Marital Status: Married Exemptions/Allowances: Federal: 6/0 State: 0/0

005-013240-W2-W2-98052-HCL

Sunnyvale, CA 94085-4194

HCL AMERICA INC.

330 Potrero Ave.

a Employee's social security number	d Control number		7 Social secu	rity tips	1 Wages	tips, other compensation	2 Federal income tax withheld
625-87-8536	036995 WY/0T3					86622.76	7465.25
c Employer's name, address, and ZIP code		8 Allocated tips		3 Social security wages		4 Social security tax withheld	
HCL AMERICA INC.						91305.66	5660.95
330 Potrero Ave.			9 Verification	code	5 Medica	re wages and tips	6 Medicare tax withheld
Sunnyvale, CA 94085-4194	1					91305.66	1323.93
b Employer identification number (EIN)	77-0205035		10 Dependen	t care benefits	C 12a See	instructions for box 12 38.24	12b D 4682.90
e Employee's first name and initial RANGANATHA BABU PY	Last name 'DIMARRI	Suff.	11 Nonqualifi	ed plans	[©] 12c d DD	10140.00	C 12d
18666 REDMONDWAY UNIT II1066.VESTA APP			,	Retirement Third-party plan sick pay	14 Other		
REDMOND, WA 98052 f Employee's address and ZIP code				x			
15 State Employer's State ID No 16 St	ate wages, tips, etc.	17 State income	tax	18 Local wages, tip	s, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement

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.

State

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

MB No. 1545-0008 Form W-2 Wage and Tax Statement Filing Copy Department of the Treasury-Internal Revenue Service. a Employee's social security number d Control number 7 Social security tips 1 Wages, tips, other compensation 2 Federal income tax withheld 625-87-8536 036995 WY/0T3 86622.76 7465.25 c Employer's name, address, and ZIP code 8 Allocated tips 3 Social security wages 4 Social security tax withheld HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4194 91305.66 5660.95 9 Verification code 5 Medicare wages and tips 6 Medicare tax withheld 91305.66 1323.93 10 Dependent care benefits 12a See instructions for box 12 12b b Employer identification number (EIN) 77-0205035 4682.90 С 38.24 D 11 Nonqualified plans 12c 12d e Employee's first name and initial Last name DD 10140.00 RANGANATHA BABU PYDIMARRI 13 Statutory 14 Other 18666 REDMONDWAY Retirement Third-party plan sick pay UNIT II1066, VESTA APP REDMOND, WA 98052 employee |x | f Employee's address and ZIP code 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

2018 Federal Copy B - To Be Filed With Employee's FEDERAL Tax Return. Filing Copy

OMB No. 1545-0008 TOTH W-2 Wage and Tax Statement					of the Treasury-Internal Revenue Service.				
a Employee's social security number d Control number		7 Social security tips		1 Wages, tips, other compensation		2 Federal income tax withheld			
625-87-8536	036995 WY/0T3						86622.76		7465.25
c Employer's name, address, and ZIP code		8 Allocated tips		3 Social security wages		4 Social security tax withheld			
HCL AMERICA INC.							91305.66		5660.95
330 Potrero Ave.			9 Verification	code		5 Medicar	e wages and tips	6 Medica	are tax withheld
Sunnyvale, CA 94085-4194							91305.66		1323.93
b Employer identification number (EIN) 77–0205035		10 Dependent care benefits		C 12a See instructions for box 12 38.24		^C 12b ^d D	4682.90		
e Employee's first name and initial L	ast name	Suff.	11 Nonqualifi	ed plans		C 12c DD	10140.00	C 12d	
18666 REDMONDWAY			13 Statutory employee	Retirement The	hird-party ck pay	14 Other			
UNIT II1066, VESTA APP					—՝ Ո				
REDMOND, WA 98052 f Employee's address and ZIP code				x					
15 State Employer's State ID No 16 Sta	ata wages tipe etc	17 State income	tav	18 Local w	rages tin	s etc	19 Local income tax	20	Locality name
15 State Employer's State ID NO 16 Sta	ate wages, tips, etc.	17 State income	lax	10 Local w	rages, up	3, 610.	19 Local Income tax	20	Locality Harrie

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 file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit, Earned income credit (EIC). You may be able to take the EIC for 2018 if your adjusted gross income (A8j) 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 cannot take the EIC if your investment income is more than the specified amount for 2018 or if interes is earned for services provided while you were an inmate at a penal institution. For 2018 income limits and more information, visit www.irs.gov/elic. Also see Pub. 596. Earned Income Credit. Any EIC that is more than your tax liability is retunded to you, but only if you file a tax return.

Clergy and religious workers. If you are not subject to social security and Medicare taxes, see Pub. 517. Social Security and Other Information for Members of the Clergy and Religious Workers.

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 Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your opies of Form W-2c from your employer for all corrections made so you may file them with your tax new can that displays your correct name at any SSA office or by calling 1-800-772-1213. You also may visit the SSA at www.socialsecurity.

may visit the SSA at www.socialsecurity.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The

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 2018 and more than \$7,960.80 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. If you had more than one railroad employer and more than \$4,674.60 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 instructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

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, Additional Medicare Tax. 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 as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips shows \$200,000.
Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return to report at least the allocated tip amount unless you can prove 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. On Form 4137 you will calculate the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).
Box 9. If you are e-filing and if there is a code in this box, enter it when prompted by your software. The only valid characters are the letters A-F and the digits Do. Phis code assists the IRS in validating the W-2 data submitted with your return. The code is not entered on paper-filed returns.

characters are the letters A-F and the digits 0-9. This code assists the IRS in validating the W-2 data submitted with your return. The code is not entered on paper-filled returns.

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 \$5,000 is also included in box 1. Complete Form 2441. Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

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 5 if it is a prior year deferral 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, 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.

give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D. E. F. and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$18,500 (\$12,500 if you only have SIMPLE plans; \$21,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$18,500.

Deferrals under code H are limited to \$7,000. n 403(b)

Deterrais under code in are limited to \$7,000. However, if you were at least age \$0 in 2018, your employer may have allowed an additional deferral of up to \$6,000 (\$3,000 for section 401(k)(11) and 408(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 great 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 3 get, the iterations for Exemptions.

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. See the Form 1040

structions. —Uncollected Medicare tax on tips. Include this tax on Form 1040. See the Form 1040 instruction —Taxable_cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social sec

se), and 5),

—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE lirement account that is part of a section 401(k) arrangement.

—Elective deferrals under a section 403(k) salary reduction agreement

—Elective deferrals under a section 403(k)(6) salary reduction SEP

—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred

compensation plan

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

H—Elective deterrals to a seculum on top top, top, top, to the work of deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in low 1, 3, or 5).

See the Form 1040 insurations.

——Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

——Nontaxable combat pay. See the instructions for Form 1040 for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

——Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

The Acoustic Reservation in Contribution (1997) Confined Form 1993, Valuation Adoption Expenses, to Compute any taxable and nontaxable amounts.
It was a more and nontaxable amounts are successful and nontaxable income, for reporting requirements.
We —Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889. Health Savings Accounts (RSAs).
—Deferrals under a section 409A nonqualified deferred compensation plan are considered from the contribution and the contribution and the contributions under a section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.
AA—Designated Roth contributions under a section 401(k) plan BB—Designated Roth contributions under a section 403(b) plan BB—Designated Roth contributions under a section 403(b) plan DD—Cost of employer-sponsored health coverage. The amount reported with Code DD is not taxable.

taxable. EE—Des EE—Designated 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 qualified small employer health reimbursement arrangement

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

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, Contributions to Individual Retirement Arrangements (IRAs). 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. Railroad employers use this box to report railroad 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.

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