|   |                       | Year T                              | o Date Earn        | ings   | Year To Date Deductions         |   |   |   |  |
|---|-----------------------|-------------------------------------|--------------------|--|---------------------------------|---|---|---|--|
| <b>010-002605-w2-30040-</b><br>Capgemini America, I<br>PO Box 17004<br>Augusta, GA 30903                                  |                       | Retro<br>Vacati<br>Cost c<br>Benefi |                    | ar - Semi Mo.<br>Pay<br>ion Paid Not Taken<br>of Wage Allowance<br>it Differential Flat<br>Term Life > \$50000 |                                 | Pretax Medical Deduction<br>Pretax Dental Plan<br>Group Term Life>\$50000 Offset                      |   | 4943.04<br>444.96<br>et 36.56                     |  |
| Social Security No.:<br>675-40-8100<br>Marital Status:<br>Married<br>Exemptions/Allowances:<br>Federal: 7/0<br>State: 8/0 |                       |                                     |                    |  |                                 |   |   |   |  |
| a Employee's social security num  |                       |                                     | 7 Social sec       | urity tips   | 1 Wages, tips                   | s, other compensation   | 2 Federal income                              |   |  |
| 675-40-8100<br>c Employer's name, address, and  | 010394 WY/2S7         |                                     | 8 Allocated t      | ips  | 3 Social secu                   | 111914.99   | 4 Social security                             | 10724.58<br>tax withheld                          |  |
| Capqemini America, I  |                       |                                     |                    | 1.   |                                 | 111914.99   | ,   | 6938.73   |  |
| PO Box 17004<br>Augusta, GA 30903   |                       |                                     | 9 Verification     | n code   | 5 Medicare w                    | ages and tips<br>111914.99  | 6 Medicare tax wi                             | ithheld<br>1622.77                                |  |
| b Employer identification number  | (EIN) 22-2575929      |                                     | 10 Depende         | nt care benefits   | C 12a See inst                  | ructions for box 12<br>36.56  | C12b<br>d <b>DD</b>                           | 17868.24  |  |
| e Employee's first name and initia<br>SABARISH SATISH KI<br>7220 MARGATE CT<br>CUMMING, GA 30040                          | RISHNAPILLAI          | Suff.                               | 11 Nonqualit       | Retirement Third-party<br>plan sick pay  | ି 12c<br>ଟ୍ରି<br>14 Other       |   | C 12d   |   |  |
| f Employee's address and ZIP co<br>15 State Employer's State ID No  |                       | 17 State incom                      | e tax              | 18 Local wages, ti   | ps. etc. 19                     | Local income tax  | 20 Locality r                                 | name  |  |
| GA 2061024 CX   | 111914.99             |                                     | 6270.63            |  |                                 |   |   |   |  |
| <b>ZU11</b><br>OMB No. 1545-0008  | -2 Wage and Tax State | ment                                | Employe<br>Copy    | Department<br>to the Intern  | of the Treasur<br>al Revenue Se | S RECORDS. (See No<br>y-Internal Revenue Ser<br>rvice. If you are require<br>nposed on you if this in | vice. This informat<br>d to file a tax return | tion is being furnished<br>n, a negligence penalt |  |
| 2017<br>OMB No. 1545-0008 Form W  | -2 Wage and Tax State | ement                               | State<br>Filing Co |  |                                 | Employee's State, Cit<br>y-Internal Revenue Ser   |   | ne Tax Return.                                    |  |
| a Employee's social security num  | ber d Control number  |                                     | 7 Social sec       | Boparanon  |                                 | s, other compensation   |   |   |  |
| 675-40-8100   | 010394 WY/2S7         |                                     | 0.4116             | line   | 2 Coolel et                     | 111914.99   | 4 Casial''                                    | 10724.58  |  |
| c Employer's name, address, and<br>Capgemini America, I   |                       |                                     | 8 Allocated        | ips  | 3 Social secu                   | rity wages<br>111914.99   | 4 Social security                             | tax withheld<br>6938.73                           |  |
| PO Box 17004  |                       |                                     | 9 Verification     | n code   | 5 Medicare w                    | arres and tins  | 6 Medicare tax w                              |   |  |

| Augusta, GA 30903  |                            | 9 Verification code |                            | 5 Medicare wages and tips               |                                   | 6 Medicare tax withheld |                      |               |
|--|----------------------------|---------------------|----------------------------|---|-----------------------------------|-------------------------|----------------------|---------------|
|  |                            |                     |                            |   |                                   | 111914.99               |                      | 1622.77       |
| b Employer identification number (EIN) 22–2575929  |                            |                     | 10 Dependent care benefits |   | C 12a See instructions for box 12 |                         | 0 12b<br>d <b>DD</b> | 17868.24      |
| e Employee's first name and initial Last name<br>SABARISH SATISH KRISHNAPILLAI<br>7220 MARGATE CT<br>CUMMING, GA 30040 |                            | Suff.               | 11 Nonqualified plans      |   | C 12c                             | 1                       | <sup>C</sup> 12d     | I             |
|  |                            |                     | 13 Statutory<br>employee   | Retirement Third-party<br>plan sick pay | 14 Other                          |                         |                      |               |
| 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, tip                     | os, etc.                          | 19 Local income tax     | 20 L                 | _ocality name |
| GA 2061024 CX  | 111914.99                  | 62                  | 270.63                     |   |                                   |                         |                      |               |
|  |                            |                     |                            |   |                                   |                         |                      |               |

| 2017<br>OMB No. 1545-0008 Form W  | Federal<br>Filing Copy B - To Be Filed With Employee's FEDERAL Tax Return.<br>Department of the Treasury-Internal Revenue Service. |               |                            |   |  |                                      |   |          |
|---|--|---------------|----------------------------|---|--|--------------------------------------|---|----------|
| a Employee's social security num<br>675-40-8100   | ber d Control number<br>010394 WY/2S7  |               |                            | 7 Social security tips                  |  | , tips, other compensation 111914.99 | 2 Federal income tax withheld<br>10724.58 |          |
| c Employer's name, address, and ZIP code<br>Capgemini America, Inc.<br>PO Box 17004<br>Augusta, GA 30903                      |  |               | 8 Allocated tips           |   | 3 Social security wages<br>111914.99   |                                      | 4 Social security tax withheld<br>6938.73 |          |
|   |  |               | 9 Verification code        |   | 5 Medicare wages and tips<br>111914.99 |                                      | 6 Medicare tax withheld<br>1622.77        |          |
| b Employer identification number (EIN) 22–2575929   |  |               | 10 Dependent care benefits |   | C 12a See instructions for box 12      |                                      | C 12b                                     | 17868.24 |
| e Employee's first name and initial Last name Suff.<br>SABARISH SATISH KRISHNAPILLAI<br>7220 MARGATE CT<br>CUMMING, GA 30040  |  |               | 11 Nonqualified plans      |   | C <b>12c</b>                           |                                      | C <b>12d</b>                              | 1        |
|   |  |               |                            | Retirement Third-party<br>plan sick pay | 14 Other                               |                                      |   |          |
| f Employee's address and ZIP code   |  |               |                            |   |  |                                      |   |          |
| 15 State Employer's State ID No     16 State wages, tips, etc.     17 State incom       GA     2061024 CX     111914.99     0 |  | tax<br>270.63 | 18 Local wages, tips, etc. |   | 19 Local income tax                    |                                      | Locality name                             |          |

## Notice to Employee

by you have to file? Refer to the Form 1040 Instructions to determine if you are required to file a tax return. Even 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 retund if box 2 shows an amount or it you are eligible tor any credit. Earned income credit (EIC). You may be eligible for a retund if box 2 shows an amount or it you are eligible tor any credit. Earned income credit (EIC). You may be able to take the EIC for 2017 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 based on income and family size. Workers without children is earned for services provided while you were an inmate at a penal institution. For 2017 income limits a more than your tax liability is refunded 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 sak your employer to correct your employer tor. Be sure to ask the employer to file Form 42. Be sure to get your copies of Form W-2c. But any name, SSN, or more yamount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c that are not more your social security and like hement, with the your tax return. If you mane and SSN are correct any name, SSN, or more yamount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c that are not he same as shown on your social security and your should be are on the same as shown on your social security and your social security and prove that are not have correct dual are of the corrections and so you may like them with you fak return. If you mane and SSN are correct any name, SSN, or money and SSN are correct any name, SSN or correct and the same as shown on your social security and you shouly with the

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 2017 and more than \$7,886.40 in social security and/or Tier 1 railcoad retirement (RRTA) taxes were withheid, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railcoad employer and more than \$4,630.50 in Tier 2 RRTA tax was withheid, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Pub. 505, Tax Withhoding and Estimated Tax.

## 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 above \$200,000. Box 6. This amount in clucked in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see

Note: The U-Y-X-Multitude Medicate Fax on the Origination of the Wages and tube above 2000000. Box 8. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions. You must the Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income 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 your cereived, report that amount even if it is more or less than the allocated tips. On Form 4137, your social security and Medicare tax owed on the allocated tips. On Form 4137, your social security is will be credited to your social security record (used to figure your benefits). By Call security tips will be credited to your social security record (used to figure your benefits). Ho Form 4137, your social security and Medicare tax owed on the allocated tips. On Form 4137, your social security this will be credited to your social security record (used to figure your benefits). By Call security tips will be credited to your social security record (used to figure your benefits). Ho FOS In Jouet and the social security and Medicare tax owed on the allocated tips. Do Form 4127, your social security this will be credited to your social security record (used to figure your benefits). By Call security tips will be credited to your social security record (used to figure your benefits). By FOS In Units amount includes the total dependent care tem. The code is not entered by your softward or your social security in the social security and the allocated the tox 1. Compensation or nongovernmental section 457(b) plan or (b) included in box 3. and/or 5 if it is a prior year deferral compensation or nongovernmental section 457(b) plan or (b) included in box 3. and/or 5 if it is a prior year deferral conders and mugatified or section 457(b) plan or (b) included in box 3. and/or 5 if it is a prior year de

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 "Other Taxes" in the Form Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040

instructions.

Instructions. C=Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5). D=Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement. Elective deferrals under a section 403(b) salary reduction agreement Elective deferrals under a section 408(k)(d) salary reduction SEP C=Elective deferrals under a section 408(k)(d) salary reduction SEP C=Elective deferrals under a section 408(k)(d) salary reduction SEP C=Elective deferrals under as account 408(k)(d) salary reduction SEP C=Elective deferrals under as section 408(k)(d) salary reduction SEP C=Elective deferrals on the omployer contributions (including nonelective deferrals) to a section 457(b) deferred

G—Elective deferrals and employer contributions (including nonelective deterrals) to a section 437 (u) verence compensation plan H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See "Adjusted Gross Income" in the Form 1040 instructions for how to deduct. J—Nontaxable sick pay (information only, not included in boxes 1, 3, or 5) M—Uncollected Neclar each and that an ot taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions. U—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions. U—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions. D—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions paid directly to employee (not included in hoxes 1, 3, or 5) O—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this amount.

Control a value control pays, occurs instructions and a mount.
Amount.
R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care
Insurance Contracts.
Insurance C

Insura S T

Insurance Contracts. Sememployee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1) Tendoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts. W—Employee contributions (included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts. W—Employee contributions (included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts. W—Employee contributions (including and wonts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAS). Y—Deferrats under a section 409A nonqualified deferred compensation plan Z—income under a nonqualified deferred compensation plan Tuctuder in box 1. It is subject to an additional 20% tax plus interest. See "Other Taxes" in the Form 1040 instructions. BB—Designeted Roth contributions under a section 401(k) plan BB—Designeted Roth contributions under a section 403(b) plan DD—Cost of employer-sponsored health coverage. The amount reported with Code DD is not taxable. EE—Designated Roth contributions under a section 457(b) plan. This amount does not apply to contributions under a tax-extend transition section 457(b) plan.

Emperimental 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

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, Their 2 tax, Medicare tax and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

should file Form SSA-131, Employer Keport of Special wage Paymetics, with the social security Autimitiation and provide a copy. Box 12: The following list explains the codes shown in box 12. You may need this information to complete your tax plans are generally limited to a total of \$18,000 (\$12,500 if you only have SIMPLE plans; \$21,000 for section 403(b) and Form SSA. (Ba, and Form Water and Form SSA. (States are special water code H are limited to \$18,000 (\$12,500 if you only have sIMPLE plans; \$21,000 for section 403(b) (\$19,000 for section 403(b) SIMPLE plans; \$10,000 for section 403(b) SIMPLE plans; \$10,000 for section 403(b) (\$10,000 for section 403(b) SIMPLE plans; \$10,000 for section 403(b) (\$11,000 for section 403(b) SIMPLE plans; \$11,000 for section 403(b) SIMPLE plans; \$11,000 for section 403(b) (\$12,500 if you only have silwel as deferral on the tos \$10,000. (\$32,000 for section 403(b) SIMPLE plans; \$11,000 for section 403(b) (\$12,500 if you only have silwel as deferral on the social security benefits, keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax returm. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, list in case there is a question about your work record and/or earnings in a particular year. However, to help **protect your social security benefits**, list in case there is a question about your work record and/or earnings in a particular year. However, to help **protect your social security benefits**, list in case there is a question about your work record and/or earnings in a particular year. However, to help **protect your your your work record and/or earnings in a particular year**. (States are specified to the overall elective deferrals in must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040. If **PREDED**, **PLEASE MAKE A COPY OF YOUR STATE OR FEDERAL FILING COPY FOR USE WITH YOUR CITY OR LOCAL TAX FILING**