	o Date Earn	ings		Year To Date	Year To Date Deductions			
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Augusta, GA 30203								
Social Security No.: <b>150–15–3163</b> Marital Status: Married Exemptions/Allowances: Federal: <b>9</b> /0 State: <b>0</b> /0								
a Employee's social security numb 150-15-3163			7 Social sec	urity tips	1 Wages, tip	os, other compensation		
c Employer's name, address, and 2	010205 WY/287		8 Allocated	tins	3 Social sec	86001.75	4 Social security tax	6030.45 withheld
Capqemini America, In						94138.95		5836.61
PO Box 17004			9		5 Medicare v	wages and tips	6 Medicare tax withhe	
Augusta, GA 30903			10 Demondo	at a sure la sur effet	Citor Craster	94138.95	ິ 12b	1365.01
b Employer identification number (	<sup>EIN)</sup> 22-2575929		TO Depende	ent care benefits		structions for box 12 154.20		8137.20
e Employee's first name and initial HARIKRISHNA PALIKA 899 POWERS FERRY F	A Contraction of the second seco	Suff.	11 Nonquali	fied plans Retirement Third-party	ິ 12c ຢີ <b>DD</b> 14 Other	7976.04	C 12d d e	
APT A5 MARIETTA, GA 30067 f Employee's address and ZIP cod	-		employee	plan sick pay				
15 State Employer's State ID No 1 GA 2061024 CX	6 State wages, tips, etc. 61750.99	17 State incom	e tax 3234.89	18 Local wages, ti	ps, etc. 19	O Local income tax	20 Locality nam	e
<b>ZU19</b> OMB No. 1545-0008	2 Wage and Tax State	ment	Employe Copy	Department to the Intern	of the Treasu al Revenue Se	E'S RECORDS. (See No Iny-Internal Revenue Se ervice. If you are require imposed on you if this in	rvice. This information d to file a tax return, a	is being furnished negligence penalty
2019			State					

<b>ZUIJ</b>			Otato	Conv 2 - To	Bo Eilod V	Vith Employee's State, Cit	ty or Local Inco	no Tax Poturn
	-2 Wage and Tax State	ment	Filing Cop	py Department		asury-Internal Revenue Se		ne rax keturn.
a Employee's social security nun	nber d Control number		7 Social secur	ity tips	1 Wages	, tips, other compensation	2 Federal incom	e tax withheld
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c Employer's name, address, and	d ZIP code		8 Allocated tip	S	3 Social s	security wages	4 Social security	tax withheld
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PO Box 17004			9		5 Medica	re wages and tips	6 Medicare tax withheld	
Augusta, GA 30903						94138.95		1365.01
b Employer identification number	<sup>(EIN)</sup> 22-2575929		10 Dependent	care benefits	° 12a See d <b>C</b>	instructions for box 12 154.20	<sup>C</sup> 12b d <b>D</b>	8137.20
e Employee's first name and initi HARIKRISHNA PALIKA	al Last name	Suff.	11 Nonqualifie	ed plans	C12c	7976.04	C 12d	
899 POWERS FERRY RD APT A5	SE			Retirement Third-party blan sick pay	14 Other			
MARIETTA, GA 30067 f Employee's address and ZIP co	de			x				
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 Locality	name
CA 2061024 CY	61750 99	3	234 89					

2019 OMB No. 1545-0008 Form W-2		Federal Filing Copy Graph B - To Be Filed With Employee's FEDERAL Tax Return. Department of the Treasury-Internal Revenue Service.						
a Employee's social security numb 150–15–3163	er d Control number 010205 WY/2S7		7 Social secu	irity tips	1 Wages	, tips, other compensation 86001.75	2 Federal ir	ncome tax withheld 6030.45
c Employer's name, address, and Z Capgemini America, Ind			8 Allocated tip	ps	3 Social s	security wages 94138.95	4 Social se	curity tax withheld 5836.61
PO Box 17004 Augusta, GA 30903			9		5 Medica	re wages and tips 94138.95	6 Medicare tax withheld 1365.01	
b Employer identification number (EIN) 22–2575929			10 Dependent care benefits		C12a See	instructions for box 12 154.20	C 12b d <b>D</b>	8137.20
e Employee's first name and initial HARIKRISHNA PALIKA	Last name	Suff.	11 Nonqualifie	ed plans	C12c d <b>DD</b>	7976.04	C <b>12d</b>	
899 POWERS FERRY RD SI APT A5 MARIETTA, GA 30067 f Employee's address and ZIP code				Retirement Third-party plan sick pay	14 Other			
15 State Employer's State ID No 1 GA 2061024 CX	6 State wages, tips, etc. 61750 - 99	17 State income	tax 234-89	18 Local wages, tip	os, etc.	19 Local income tax	20 Loc	cality name

## 007-003707-W2-30067-CGA-2 of 2

Capgemini America, Inc. PO Box 17004 Augusta, GA 30903

Social Security No.:

150-15-3163 Marital Status:

Married

Exemptions/Allowances: Federal: 9/0 State: 0/0

0/0

a Employee's social security numbe 150–15–3163	er d Control number 010205 WY/2S7		7 Social secu	rity tips	1 Wages	tips, other compensation	2 Feder	al income tax withheld
c Employer's name, address, and Zi			8 Allocated tip	os	3 Social s	security wages	4 Socia	I security tax withheld
Capgemini America, Inc. PO Box 17004 Augusta, GA 30903		9		5 Medicare wages and tips		6 Medicare tax withheld		
b Employer identification number (E	IN) 22-2575929		10 Dependen	t care benefits	<b>12a See</b>	instructions for box 12	C <b>12b</b> ₫	
e Employee's first name and initial HARIKRISHNA PALIKA	Last name	Suff.	11 Nonqualifie	ed plans	C 12c		C <b>12d</b>	1
899 POWERS FERRY R APT A5 MARIETTA, GA 30067 f Employee's address and ZIP code				Retirement Third-party plan sick pay	14 Other PA-	SUI 16.27		
15 State Employer's State ID No 16 PA 11299310	State wages, tips, etc. 26579.56	17 State income	tax 815.99	18 Local wages, tip 2657		19 Local income tax 421.2	-	Locality name 60502 - PA HORSHAM T

9 OMB No. 1545-0008 Form W-2 Wage and Tax Statement

# $\mathbf{n}$

 Employee's
 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.

2019 OMB No. 1545-0008 Form W-	-2 Wage and Tax State		State Filing Co	1011		Nith Employee's State, Cit asury-Internal Revenue Ser	y, or Local Income Tax Return. vice.	
a Employee's social security num			7 Social secu	rity tips	1 Wages		2 Federal income tax withheld	
150-15-3163	010205 WY/2S7					86001.75	6030.45	
c Employer's name, address, and	ZIP code		8 Allocated tip	os	3 Social	security wages	4 Social security tax withheld	
Capgemini America, I	nc.					94138.95	5836.61	
PO Box 17004			9		5 Medica	re wages and tips	6 Medicare tax withheld	
Augusta, GA 30903					94138.95		1365.01	
b Employer identification number (EIN) 22–2575929			10 Dependen	t care benefits	C 12a See	instructions for box 12	° 12b	
e Employee's first name and initia HARIKRISHNA PALIKA	al Last name	Suff.	11 Nonqualifi	ed plans	C 12c d		ି 12d <sup>ଜ</sup>	
899 POWERS FERRY RD	SF:		13 Statutory	Retirement Third-party	14 Other	·	<u>.</u>	
APT A5			employee	plan sick pay	PA-	SUI 16.27		
MARIETTA, GA 30067				x				
f Employee's address and ZIP co								
15 State Employer's State ID No	16 State wages, tips, etc.	17 State income	tax	18 Local wages, ti	ps, etc.	19 Local income tax	20 Locality name	
PA 11299310	26579.56		815.99	2657	9.56	421.2	2 460502 - PA HORSHAM T	

2019 OMB No. 1545-0008 Form W-	Federal Filing Copy B - To Be Filed With Employee's FEDERAL Tax Return. Department of the Treasury-Internal Revenue Service.							
a Employee's social security num 150–15–3163	ber d Control number 010205 WY/2S7		7 Social secu	rity tips	1 Wages	, tips, other compensation	2 Federal income	tax withheld
c Employer's name, address, and	ZIP code		8 Allocated tip	ps	3 Social s	security wages	4 Social security ta	ax withheld
Capgemini America, Ir PO Box 17004 Augusta, GA 30903	nc.		9		5 Medica	re wages and tips	6 Medicare tax wit	hheld
b Employer identification number	(EIN) 22-2575929		10 Dependen	t care benefits	C12a See	instructions for box 12	C 12b	
e Employee's first name and initia HARTKRTSHNA_PALTKA	I Last name	Suff.	11 Nonqualifi	ed plans	C <b>12c</b>		C 12d	
899 POWERS FERRY RD S APT A5 MARIETTA, GA 30067 f Employee's address and ZIP coc		Retirement Third-party plan sick pay	14 Other PA-	SUI 16.27				
15 State Employer's State ID No PA 11299310	16 State wages, tips, etc. 26579.56	17 State income	e tax 815.99	18 Local wages, tij 2657	ps, etc. <b>9.56</b>	19 Local income tax 421.2	20 Locality na 460502 - PA H	

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 thave 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 it box 2 snows an amount or it you are eligible. **Earned income credit (EIC).** You may be eligible for a retund it box 2 snows an amount or it you are eligible is 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 examot take the EIC if your investment income is more than the specified amount for 2019 or if income is earned for services provided while you were an immate at a penal institution. For 2019 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 ask your employer to correct your employment record. Be sure to as the employer to file form all security and Wage and Tax Statement, with the Social Security administration (SSA) to correct any name, SSN, or moley amount error reported to the SSA on Form W-2. Be sure to get your corpies of Form W-2. The same as a shown on your social security and provided to the SSA on Form W-2. The same as the vare than any SSA office or by calling 1-800-772-1213. You also

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 2019 and more than \$8,239.80 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 \$4,836.30 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 Fsimaled Tax. withheld, you a 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 3. Enter this amount on the federal income tax withheld line of your tax return. 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 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions. You must file 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 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. On Form 4137, your social security tips will be credited to your social security rand Medicare tax owed on the allocated tips. Son on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filling Form 4137, your social security tips will be credited to your social security rand Medicare tax owed on the allocated tips. Son your or your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filling Form 4137, your social security tips will be credited to your social security rand would note 75,000 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, 01 reported in box 11 if its a distribution made to your form a nonqualified diretered are an ongualified or section 457(b) plan or (b) included in box 5, also will your eque deferral and randouglified or section 457(b) plan or

should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and 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 \$19,000 (\$13,000 if you only have SIMPLE plans; \$22,000 for section 403(b) plans if you quilify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,000. Cis,000 for you code H are limited to \$7,000; your employer may have allowed an additional deferral of up to \$6,000 Cis,000 for you code H and Cis,010 (11) and Ad(Bg) 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 ne higher for the last 3 years before you reach relitement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the instructions for Form 1040.

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, no 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 stru

Uncollected Medicare tax on tips. Include this tax on Form 1040. See the Form 1040 instructions. Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage

G → Elective deferrals and employer contributions (including nonelective deferrals) to a section 45/(b) deferred compensation plan H→ Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct. → Nontaxable sick pay (information only, not included in box 1, 3, or 5) → Nontaxable sick pay (information only, not included in box 1, 3, or 5) → Uncollected social security or RRT1 tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions. → Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and taxable size tax on taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and the tax on taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group term life in compensation plan

Insurance Contracts. S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1) T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

taxable and nontaxable amounts.

Tractile and Institution and the intervention of the intervention

DU—Cost of employer-sponsored health coverage. The amount reported with Code DD is not taxable. 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)

-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