	o Date Earni	ngs		Year To Date	Year To Date Deductions				
009-011987-w2-w2-76132-HCL		Group Engag Retro	Location Allowance Group Term Life > \$50,000 Engagement Performance Bonus Retroactive Earnings Suppl Base Salary			200 DENTAL PRE-T2   258 Group Term Li   40 MEDICAL PRE-T2   23 POWER OF 1   41 VISION PRE-T2	fe > \$50,000     123.68       XX     2688.00       24.00		
HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4	4194								
Social Security No.: 274-23-3724 Marital Status: Married Exemptions/Allowances: Federal: 1/0 State: 0/0									
a Employee's social security num			7 Social secu	irity tips	1 Wages	tips, other compensation	2 Federa	al income tax withheld	
274–23–3724 c Employer's name, address, and	028698 WY/0T3 ZIP code		8 Allocated ti	ps	3 Social s	86986.32 ecurity wages	4 Social	10534.51 security tax withheld	
HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4194					86986.32		5393.15		
			9 Verification code			5 Medicare wages and tips 86986.32		6 Medicare tax withheld 1261.30	
			10 Depender	t care benefits	C12a See	instructions for box 12	<sup>C</sup> 12b	ĺ	
b Employer identification number e Employee's first name and initia		Suff.	11 Nonqualifi	ed plans	ଣ୍ଣ <b>C</b> ି 12c	123.68	<b>ট DD</b> ি12d	11370.48	
RAJKUMAR VENUGO APT 2402 5768 REMIN REMINTON CIRCLE FORT WORTH, TX 761 f Employee's address and ZIP coc	PAL KULASEKARAN ITON CIRCLE 32	Suit.		Retirement Third-party plan sick pay	14 Other		đ		
15 State Employer's State ID No	16 State wages, tips, etc.	17 State incom	ie tax	18 Local wages, ti	ps, etc.	19 Local income tax	20	Locality name	
<b>ZU11</b> OMB No. 1545-0008	2 Wage and Tax State	ment	Employe Copy	Department to the Intern	of the Treat	Service. If you are require	rvice. This d to file a	mployee on back.) s information is being furnished tax return, a negligence penalt taxable and you fail to report it.	
2017 OMB No. 1545-0008 Form W-	2 Wage and Tax State	ment	State Filing Co			Vith Employee's State, Ca asury-Internal Revenue Se		al Income Tax Return.	
a Employee's social security num	ber d Control number		7 Social sect			tips, other compensation			
274-23-3724 c Employer's name, address, and	028698 WY/0T3		9 Allocated #	<b>n</b> c	2 Social	86986.32	4 Social	10534.51	
HCL AMERICA INC.	LIF LUUE		8 Allocated to	ha	3 SUCIALS	ecurity wages 86986.32	4 200181	security tax withheld 5393.15	
HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4194			9 Verification	code	5 Medicare wages and tips 86986.32		6 Medicare tax withheld 1261.30		
b Employer identification number	<sup>(EIN)</sup> 77-0205035		10 Depender	nt care benefits	<sup>C</sup> 12a See	instructions for box 12 123.68	<sup>C</sup> 12b ⋴ <b>DD</b>	11370.48	
e Employee's first name and initia		Suff.	11 Nonqualif	ied plans	<sup>C</sup> 12c		C <b>12d</b>		

	0047						
	17 State Employer's State ID No. 16 State wages, tips, etc. 17 State	e income tax	T8 Local wages, up	os, eic.	T9 Local income tax	20 L	
	f Employee's address and ZIP code 15 State Employer's State ID Nol 16 State wages, tips, etc. 17 State income		18 Local wages, tip	os oto	19 Local income tax	201	ocality name
	RAJKUMAR VENUGOPAL KULASEKARAN APT 2402 5768 REMINION CIRCLE REMINION CIRCLE FORT WORTH, TX 76132	13 Statutor employe	ry Retirement Third-party ee plan sick pay	14 Other		<u> </u>	
				8		0	

2017 <u>OMB No. 1545-0008</u> Form W-2 Wage and Tax Statement			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 number 274-23-3724	d Control number 028698 WY/0T3		7 Social secu	irity tips		1 Wages	, tips, other compensation 86986.32	2 Feder	al income tax withheld 10534.51
c Employer's name, address, and ZIP code HCL_AMERICA_INC.			8 Allocated tips			3 Social security wages 86986.32		4 Social security tax withheld 5393.15	
330 Potrero Ave. Sunnyvale, CA 94085-4194			9 Verification code			5 Medicare wages and tips 86986.32		6 Medicare tax withheld 1261.30	
b Employer identification number (EIN) 77–0205035			10 Dependent care benefits			C12a See	instructions for box 12 123.68	ି12b ଆ <b>ଯ</b>	11370.48
e Employee's first name and initial Last name Suff. RAJKUMAR VENUGOPAL KULASEKARAN			11 Nonqualified plans		C <b>12c</b>		C <b>12d</b>	1	
APT 2402 5768 REMINION CIRCLE REMINION CIRCLE			Retirement plan	Third-party sick pay	14 Other				
FORT WORTH, TX 76132 f Employee's address and ZIP code									
15 State Employer's State ID No 16 S	tate wages, tips, etc.	17 State income	tax	18 Local	wages, tip	os, etc.	19 Local income tax	20	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 sade so you may life items, with two cardia Security huministration (SSN) are correct any name, SSN, or moley amount 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 provide to the same as a shown on your social security and early our or provide to any anaw, SSN 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 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 Used and the total dependent care tax in the ode is not enterior on the order on your benefit (including amount includes the total dependent care tax in the ode is not enterior on the record is on incurred on your benefit (including amount) includes the total dependent care tax in the ode is not enterior on anone and and the records in the advected and to a 1. 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 nongovernmental section 457(b) plan or (b) included in box 3. and/or 5 if it is a prior year deferral under an ongovernmental section 457(b) plan or (b) included in box 3. and/or 5 if it is a prior year deferral under an ongovernmental section 457(b) plan or (b) included in box 3. and/or 5 if it is a prior year deferral under

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) veneries 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 of the section of the form 1040 instructions. L—Substantiated employee business expense reimbursements (nontaxable) M—Uncollected Neclar each of the section of the cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions. M—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. M—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 amount.
R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care
Insurance Contracts.
Insur

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. With the form exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements. With the savings account. Report on Form 8889, Health Savings Accounts (HSAs). You health savings account. Report on Form 8889, Health Savings Accounts (HSAs). You health savings account. Report on Form 8889, Health Savings Accounts (HSAs). You health savings account. Report on Form 8889, Health Savings Accounts (HSAs). You health savings account. Report on Form 8889, Health Savings Accounts (HSAs). You health savings account. Report on Form 8889, Health Savings Accounts (HSAs). You health savings account and the reference of the savings Accounts (HSAs). You health savings account are the saction plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Other Taxes" in the Form 1040 instructions. Be 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 exercited 757(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, There 1 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 Foundation and the plans if you qualify for the least age 50 in 2017, your employer may have allowed an additional deferral on the uses of the overall limit on elective deferrals. For code G, the limit on elective deferrals include din income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040. IF NEEDED, PLEASE MAKE A COPY OF YOUR STATE OR FEDERAL FILING COPY FOR USE WITH YOUR CITY OR LOCAL TAX FILING