Year To Date Earnings

Location Allowance	406.25
Group Term Life > \$50,000	4.01
Engagement Performance Bonus	190.00
Base Salary	3161.93
Termination Vacation	5837 40

Year To Date Deductions

401k Pretax Contributions	479.78
DENTAL PRE-TAX	15.00
Group Term Life > \$50,000	4.01
MEDICAL PRE-TAX	134.40
VITCION DDF_TAY	3 12

Social Security No.: 739-28-6720 Marital Status: Married

HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4194

005-014758-w2-w2-48341-HCL

Marri	ied		
ederal:	ns/Allowances: 3/0 1/0		

a Employee's social security num	ber d Control number		7 Social secu	rity tips	1 Wages	tips, other compensation	2 Federal	income tax withheld
739-28-6720	027572 WY/0T3			5.1.	3	8967.29		1717.91
c Employer's name, address, and	ZIP code		8 Allocated tip	ps	3 Social s	security wages	4 Social s	security tax withheld
HCL AMERICA INC.					9447.07			585.72
330 Potrero Ave.			9 Verification code		5 Medicare wages and tips		6 Medicare tax withheld	
Sunnyvale, CA 94085-	4194					9447.07		136.98
b Employer identification number	(EIN) 77-0205035		10 Dependen	t care benefits	[©] 12a See d	instructions for box 12 4.01	C 12b D	479.78
e Employee's first name and initial Last name Suff.		Suff.	11 Nonqualifi	ed plans	C 12c	1014.00	C 12d	
2600 PONTIAC, MI 48341				Retirement Third-party plan sick pay	14 Other			
f Employee's address and ZIP coo	de							
15 State Employer's State ID No MI 77-0205035	16 State wages, tips, etc. 8967.29	17 State income	tax 366.77	18 Local wages, tip	os, etc.	19 Local income tax	20 L	ocality name

2018

Form W-2 Wage and Tax Statement

Employee's Copy

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.

2018
OMB No. 1545-0008 Form W-2 Wage and Tax Statement Statement State

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.

HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4194		9 Verification code		9447.07 5 Medicare wages and tips 9447.07		585.72 6 Medicare tax withheld		
						136.98		
b Employer identification number (EIN) 77–0205035		10 Dependent care benefits		C 12a See instructions for box 12 4.01		C 12b	479.78	
e Employee's first name and initial Last name Suff. SRINTVASULU REDDY MALAPATI		11 Nonqualified plans		C 12c DD	1014.00	C 12d	1	
2600 PONTIAC, MI 48341			,	Retirement Third-party plan sick pay	14 Other			
f Employee's address and ZIP code				x				
15 State Employer's State ID No 16 S	tate wages, tips, etc.	17 State income	tax	18 Local wages, tip	s, etc.	19 Local income tax	20	Locality name
MI 77-0205035	8967.29		366.77					

Pederal

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

Filing Copy

Department of the Transproductoryal Personal Service.

OIVIB NO. 1545-0008 1 OITH 11	z wage and rax otate	illelit	· ······g oo	Py Departmen	t <u>or the frea</u>	asury-internai Revenue Se	rvice.		
a Employee's social security number d Control number		7 Social security tips		1 Wages,	1 Wages, tips, other compensation		2 Federal income tax withheld		
739-28-6720	027572 WY/0T3					8967.29		1717.91	
c Employer's name, address, and	c Employer's name, address, and ZIP code		8 Allocated tips		3 Social s	3 Social security wages		4 Social security tax withheld	
HCL AMERICA INC. 330 Potrero Ave.						9447.07		585.72	
			9 Verification code		5 Medicar	5 Medicare wages and tips		6 Medicare tax withheld	
Sunnyvale, CA 94085-4	1194					9447.07		136.98	
b Employer identification number (EIN) 77–0205035			10 Dependent care benefits		C12a See	instructions for box 12 4.01	C 12b	479.78	
e Employee's first name and initial Last name Sul SRINIVASULU REDDY MALAPATT		Suff.	11 Nonqualifi	ed plans	©12c	1014.00	C 12d		
2600 PONTIAC, MI 48341				Retirement Third-party plan sick pay	14 Other				
f Employee's address and ZIP cod	le			x					
15 State Employer's State ID No	16 State wages, tips, etc.	17 State income	e tax	18 Local wages, t	ips, etc.	19 Local income tax	20 Lo	cality name	
MT 77-0205035	8967, 29		366.77						

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 (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 cannot take the EIC if your investment income is more than the specified amount for 2018 or if income 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 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 address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to address is incorrect, correct Copies B, C, and 2 and sax your employer to 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 copies of Form W-2. Form you employer for all corrections made so you may file them with your tax new card that displays your correct that are not the same as shown on your social security card, you should ask for a new card that displays your correct ame at 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 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

BOX 1. Enter this amount on the wages line of your tax return.

BOX 2. Enter this amount on the Wages line of your tax return.

BOX 3. 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 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

well as the 0.9% Additional Medicare 1 ax on any or inuse medicare woges and upon a control of this amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your lax 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 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 9.1 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 0-9. This code assists the IRS in validating the W-2 data submitted with your return. The code is not entered on paper-filed returns.

Box 10. This amount is 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 or (c) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan or (c) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan or (c) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that becam

Should lite FUTH SAR-131, Employer Report of Special Roger R

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 millitary 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

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

C—I axable cost of group-term lie insurance over 300,000 (insustant page 2).

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.

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

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

G—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 how to 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—Incollected social security or RR174 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.
N—Excludable moving expense reimbursements and directly to a member of the U.S. Armed Forces (not included

the Form 1040 instructions.

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

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

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

Manance 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.

Taxable and nontaxable amounts.

—In the form of the state of nonstatulory 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.

—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 (HSAs).

—Deferrats under a section 409A nonpusified deferred compensation plan

—Income under a nonqualified deferred compensation 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 the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) 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. taxange.

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 (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.

deferral limit must be included in income. See the 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.