		Year To Date Earnings						Year To Date Deductions				
<b>009-002616-w2-30067-CGA</b> Capgemini America, Inc. PO Box 17004 Augusta, GA 30903		Retro Differ	ar - Semi Mo. Pay rential Allow Term Life >	ance			Vision Plan Pretax Dental Plan		222.00 n 449.76 on 6149.34 ibution 681.76 2115.95			
Social Security No.: 855-85-7911 Marital Status: Married Exemptions/Allowances: Federal: 0/0 State: 0/0					1							
a Employee's social security num			7 Social secu	rity tips	1 Wages	s, tips, o		2 Federa	al income tax withheld			
855-85-7911 c Employer's name, address, and	008897 WY/2S7		8 Allocated ti	06	3 Social	cocurity	84954.41	4 Social	8559.55 security tax withheld			
Capgemini America, Inc. PO Box 17004 Augusta, GA 30903			9 Verification code			,	91103.75 es and tips 91103.75	5648.43 6 Medicare tax withheld 1321.00				
			10 Dependen	C 12a See instruc		ctions for box 12	G 12b					
e Employee's first name and initia VINOD KUMAR PREM	al Last name	Suff.	11 Nonqualifi	-	d AA 0 12c d D		681.76 6149.34	d <b>C</b> 0 12d d <b>DD</b>	78.71 18490.56			
899 POWER FERRY R MARIETTA ATLANTA, GA 30067 f Employee's address and ZIP co				Retirement Third-party plan sick pay	14 Other	I						
15 State Employer's State ID No	16 State wages, tips, etc. 84954.41	17 State incom	e tax 4831.24	18 Local wages, ti	ips, etc.	19 Loc	cal income tax	20	Locality name			

## 2018

2018 OMB No. 1545-0008 Form W-2	2 Wage and Tax Stater	nent	State Filing Co	ру			Vith Employee's State, Cit asury-Internal Revenue Ser		al Income Tax Return.
a Employee's social security numb			7 Social secu	urity tips		1 Wages,	tips, other compensation	2 Federa	
855-85-7911	008897 WY/2S7						84954.41		8559.55
c Employer's name, address, and ZIP code			8 Allocated tips		3 Social s	ecurity wages	4 Social security tax withheld		
Capgemini America, Inc. PO Box 17004 Augusta, GA 30903 b Employer identification number (EIN) 22-2575929							91103.75	5648.43	
			9 Verification code			5 Medicar	e wages and tips	6 Medicare tax withheld	
							91103.75	1321.00	
			10 Dependent care benefits			C 12a See	instructions for box 12 681.76	<sup>C</sup> 12b d <b>C</b>	78.71
e Employee's first name and initial Last name Suff. VINOD KUMAR PREMNATH 899 POWER FERRY ROAD APT N 2 MARIETTA		11 Nonqualified plans		ୁ 12c ଅ	6149.34	C 12d	18490.56		
		-	Retireme plan	nt Third-party sick pay	14 Other				
ATLANTA, GA 30067				х					
f Employee's address and ZIP code	e								
15 State Employer's State ID No 1	6 State wages, tips, etc.	17 State income	e tax	18 Loc	al wages, tip	os, etc.	19 Local income tax	20 L	ocality name
GA 2061024 CX	84954.41	4	831.24						

2018 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 855–85–7911	ber d Control number 008897 WY/2S7		7 Social secu	rity tips	1 Wages	, tips, other compensation 84954.41	2 Federal	income tax withheld 8559.55
c Employer's name, address, and ZIP code Capgemini America, Inc. PO Box 17004 Augusta, GA 30903 b Employer identification number (EIN) <b>22-2575929</b>			8 Allocated tip	ps	3 Social s	security wages 91103.75	4 Social security tax withheld 5648.43 6 Medicare tax withheld 1321.00	
			9 Verification	code	5 Medica	re wages and tips 91103.75		
			10 Dependen	t care benefits	C12a See	instructions for box 12 681.76	C 12b	78.71
e Employee's first name and initia VINOD KUMAR PREMNATH		Suff.	11 Nonqualifi	ed plans	ି 12c ଟୁ <b>D</b>	6149.34	<sup>C</sup> 12d ª <b>DD</b>	18490.56
899 POWER FERRY ROAD APT N 2 MARIETTA ATLANTA, GA 30067 f Employee's address and ZIP code			employee	Retirement Third-party plan sick pay	14 Other			
15 State Employer's State ID No GA 2061024 CX	16 State wages, tips, etc. 84954.41	17 State income 4	e tax 831.24	18 Local wages, tip	os, etc.	19 Local income tax	20 Lo	ocality name

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 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 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 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 2018 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 amound security and plie them so that you have to that are othe same as shown on your social security and your shouly file that are 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 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 federal income tax withheld line of your tax return. Box 5. Your 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 yot those Medicare wages and tips above 5200,000. Box 6. This amount 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 Médicare 1ax on any or inserviciane regressions up betweet entering. Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how for eport 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 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 fling 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-fling 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 (a) reported in 125 (calterial) plan). Any mount over 55,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxble amounts. **Box 11**. This amount is (a) reported in box 11 if it is a distribution made to your 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 (b) included in box 3 and/or 5 if it is a prior year deferral under an onqualified or section 457(b) plan or (b) included in box 6 colal 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 deferra

Should litte Fullin SSAF131, Enlipting report to special register systems, increasing and the special register and the special register systems and the special register an

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

Incollected 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 = 1axable Cost of group-term tile insurance over source insurance in ourses in order to care to be a source of the source of t

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—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.

Ine 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. in box

isur B—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 nestensible an inclusion in took 7). Completer through dualmet Audynut Cyberss, to Complete any Income from exercise of nonstalutory stock option(s) (included in horses 1, 3) (up to social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements. W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 889, Health Savings Accounts (HSAS). Y—Deferrats under a section 409A nonualified deferred compensation plan To your health savings account. Report on Form 889, Health Savings Accounts (HSAS). Y—Deferrats under a section 409A nonualified 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 401(k) plan **DB**—Cost of employer-sponsored health coverage. **The amount reported with Code DD is not taxable**.

taxable. EE—Des 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 (IRA Contributions you may deduct. See Pub. S00-A. Contributions to any apply to the amount of traditional IRA contributions you may deduct. See Pub. S00-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. Rairoad employers use this box to report rairoad 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 rairoad 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