Year To Date Deductions Year To Date Earnings 23234.15 Location Allowance Sec 132 Qualified Transport 1908.90 401k Pretax Contributions Group Term Life > \$50,000 129.36 3242.40 Base Salary 84843.11 DENTAL PRE-TAX 300.00 Group Term Life > \$50,000 FSA Health Care 129.36 009-005698-W2-W2-94061-HCL 600.00 Indian Insurance For Dependent 526.47 HCL AMERICA INC. MEDICAL PRE-TAX 2688.00 330 Potrero Ave. POWER OF 1 24.00 Sunnyvale, CA 94085-4194 VISION PRE-TAX 62.40 Social Security No.: 165-27-7019 Marital Status: Single Exemptions/Allowances: Federal: 1/0 State: 1/0 a Employee's social security number d Control number 7 Social security tips 1 Wages, tips, other compensation 2 Federal income tax withheld 165-27-7019 020207 WY/OT3 99404.92 19021.52 c Employer's name, address, and ZIP code 8 Allocated tips 4 Social security tax withheld 3 Social security wages 104556.22 6482.49 HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4194 9 Verification code 5 Medicare wages and tips 6 Medicare tax withheld 104556.22 1516.07 10 Dependent care benefits 12a See instructions for box 12 b Employer identification number (EIN) 77-0205035 3242.40 C 129.36 D 11 Nonqualified plans 12c 12d e Employee's first name and initial DD 11370.48 ACHIN KALBA 13 Statutory Retirement Third-party 14 Other 1445 EBENER ST,APT 1 employee sick pay CA-SDI 939.84 **REDWOOD CITY, CA 94061** x 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, tips, etc. 19 Local income tax 20 Locality name 99404.92 6777.18 359-2988-4 Form W-2 Wage and Tax Statement 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 Copy 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. OMB No. 1545-0008 State Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return. OMB No. 1545-0008 Form W-2 Wage and Tax Statement Filing Copy Department of the Treasury-Internal Revenue Servi a Employee's social security number d Control number 7 Social security tips 1 Wages, tips, other compensation 2 Federal income tax withheld 020207 WY/0T3 165-27-7019 99404.92 19021.52 c Employer's name, address, and ZIP code 8 Allocated tips 4 Social security tax withheld 3 Social security wages 104556.22 6482.49 HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4194 9 Verification code 5 Medicare wages and tips 6 Medicare tax withheld 104556.22 1516.07 10 Dependent care benefits 12a See instructions for box 12 b Employer identification number (EIN) 77-0205035 C 129.36 D 3242.40 11 Nongualified plans e Employee's first name and initial Last name Suff 120 12d DD 11370.48 ACHIN KALRA 1445 EBENER ST, APT 1 REDWOOD CITY, CA 94061 13 Statutory 14 Other Retirement Third-party plan

Federal Copy B - To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008 Form W-2 Wage and Tax Statement Filing Copy Department of the Treasury-Internal Revenue Service a Employee's social security number d Control number 7 Social security tips 1 Wages, tips, other compensation 2 Federal income tax withheld 020207 WY/0T3 165-27-7019 99404.92 19021.52 c Employer's name, address, and ZIP code 8 Allocated tips 3 Social security wages 4 Social security tax withheld 104556.22 6482.49 HCL AMERICA INC. 9 Verification code 5 Medicare wages and tips 6 Medicare tax withheld 330 Potrero Ave. Sunnyvale, CA 94085-4194 104556,22 1516.07 12a See instructions for box 12 C 129.36 10 Dependent care benefits 12b b Employer identification number (EIN) 77-0205035 3242.40 D 11 Nonqualified plans e Employee's first name and initial Last name Suff. 12c 12d DD 11370.48 ACHIN KALRA 13 Statutory Retirement Third-party 14 Othe 1445 EBENER ST.APT 1 employee plan sick pay CA-SDI 939.84 REDWOOD CITY, CA 94061 х f Employee's address and ZIP code 15 State Employer's State ID No 16 State wages, tips, etc. 17 State income tax 19 Local income tax 20 Locality name 18 Local wages, tips, etc. 359-2988-4 6777.18

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15 State Employer's State ID No 16 State wages, tips, etc.

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19 Local income tax

Year To Date Deductions Year To Date Earnings 10800.00 401k Pretax Contributions 4978.94 Location Allowance 3186.06 Group Term Life > \$50,000 122.16 Conveyance Reimbursement Group Term Life > \$50,000 122.16 Indian Insurance For Dependent 302.07 Relocation Payment Suppl 192.67 009-002325-W2-W2-97006-HCL-1 of 2 118.01 OGPB 88662.00 Base Salary HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4194 Social Security No.: 744-18-9500 Marital Status: Single Exemptions/Allowances: Federal: 1/0 1/0 7 Social security tips Wages, tips, other compensation 2 Federal income tax withheld d Control number a Employee's social security number 94915.90 17849.64 023795 WY/OT3 744-18-9500 4 Social security tax withheld c Employer's name, address, and ZIP code 8 Allocated tips 3 Social security wages 99894.84 6193.48 HCL AMERICA INC. 9 Verification code 5 Medicare wages and tips 6 Medicare tax withheld 330 Potrero Ave. Sunnyvale, CA 94085-4194 1448.48 99894.84 10 Dependent care benefits 12a See instructions for box 12 b Employer identification number (EIN) 77-0205035 4978.94 C D 11 Nonqualified plans 120 12d Employee's first name and initial SAMIKSHA BATRA Last name Suff. 13 Statutory employee Retirement Third-party 14 Other 16475, SW ESTUARY DR.,APT 202 sick pay CA-SDI 709.73 **BEAVERTON, OR 97006** x f Employee's address and ZIP code 15 State Employer's State ID No 16 State wages, tips, etc 19 Local income tax 20 Locality name 17 State income tax 18 Local wages, tips, etc. 4989.09 359-2988-4 Copy C - For EMPLOYEE'S RECORDS. (See Notice to Employee on back.) Form W-2 Wage and Tax Statement Employee's Department of the Treasury-Internal Revenue Service. This information is being furnished Copy 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. OMB No. 1545-0008 State Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return. OMB No. 1545-0008 Form W-2 Wage and Tax Statement Filing Copy Department of the Treasury-Internal Revenue Service 2 Federal income tax withheld 1 Wages, tips, other compensation a Employee's social security number d Control number 7 Social security tips 17849.64 023795 WY/OT3 94915.90 744-18-9500 4 Social security tax withheld 8 Allocated tips 3 Social security wages c Employer's name, address, and ZIP code 6193.48 99894.84 HCL AMERICA INC. 330 Potrero Ave. 6 Medicare tax withheld 9 Verification code 5 Medicare wages and tips Sunnyvale, CA 94085-4194 1448.48 99894.84 12a See instructions for box 12 12b 10 Dependent care benefits b Employer identification number (EIN) 77-0205035 122.16 D 4978.94 C 11 Nonqualified plans 12c 12d Suff. e Employee's first name and initial Last name SAMIKSHA BATRA 13 Statutory Retirement Third-party plan sick pay 14 Other 16475, SW ESTUARY DR., APT 202 BEAVERTON, OR 97006 709.73 employee CA-SDI x f Employee's address and ZIP code 20 Locality name 15 State Employer's State ID No 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 75012,58 4989.09 359-2988-4 Federal

Copy B - To Be Filed With Employee's FEDERAL Tax Return. Filing Copy Form W-2 Wage and Tax Statement Department of the Treasury-Internal Revenue Service OMB No. 1545-0008 d Control number 7 Social security tips 1 Wages, tips, other compensation 2 Federal income tax withheld a Employee's social security number 94915.90 17849.64 744-18-9500 023795 WY/OT3 4 Social security tax withheld 8 Allocated tips 3 Social security wages c Employer's name, address, and ZIP code 99894.84 6193.48 HCL AMERICA INC. 9 Verification code 5 Medicare wages and tips 6 Medicare tax withheld 330 Potrero Ave Sunnyvale, CA 94085-4194 99894.84 1448.48 10 Dependent care benefits 12a See instructions for box 12 b Employer identification number (EIN) 77-0205035 4978.94 C 122.16 D 11 Nonqualified plans 12c c 12d Suff e Employee's first name and initial Last name SAMIKSHA BATRA 14 Other 16475, SW ESTUARY DR., APT 202 13 Statutory Retirement Third-party employee plan 709.73 CA-SDI BEAVERTON, OR 97006 x f Employee's address and ZIP code 19 Local income tax 20 Locality name 15 State Employer's State ID No 16 State wages, tips, etc 17 State income tax 18 Local wages, tips, etc 4989.09 359-2988-4

| | | Year To Date Earnings | | | Year To Date Deductions | | | |
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| 009-002325-W2-W2-970 | 006-HCL-2 of 2 | | | | | | | |
| HCL AMERICA INC. 330 Potrero Ave. | | | | | | | | |
| Sunnyvale, CA 94085- | 4194 | | | | | | | |
| | | | | | | | | |
| 0 110 110 | | | | | | | | |
| Social Security No.: 744–18–9500 Marital Status: Single | | | | | | | | |
| Exemptions/Allowances: Federal: 1/0 | | | | | | | | |
| State: 1/0 | | | | | | L | | |
| a Employee's social security num 744–18–9500 | d Control number 023795 WY/0T3 | | 7 Social secu | urity tips | 1 Wages | , tips, other compensation | 2 Feder | al income tax withheld |
| c Employer's name, address, and ZIP code | | | 8 Allocated tips | | 3 Social security wages | | 4 Social security tax withheld | |
| HCL AMERICA INC. 330 Potrero Ave. | | | 9 Verification | code | 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| Sunnyvale, CA 94085- | 4194 | | 10 Dependent care benefits | | © 12a See instructions for box 12 | | C 12b | |
| b Employer identification number (EIN) 77–0205035 | | 0.# | 24 No. 100 1 1 | | C 12c | | C 12d . | |
| e Employee's first name and initial Last name Suff SAMIKSHA BATRA 16475, SW ESTUARY DR.,APT 202 BEAVERTON, OR 97006 | | Suff. | | | d e | | d e | |
| | | | 13 Statutory Retirement Third-party employee plan sick pay | | 14 Other | | | |
| f Employee's address and ZIP code | | | x | | | 35 | | |
| 15 State Employer's State ID No OR 00902743 9 | 16 State wages, tips, etc. 19903.32 | 17 State income | tax .534.79 | 18 Local wages, tip | os, etc. | 19 Local income tax | 20 | Locality name |
| | | | | -1- | | | | |
| 2017 Form W. | -2 Wage and Tax State | | Employe Copy | Department | of the Tre | | vice. This | s information is being furnished |
| OMB No. 1545-0008 | | | | | | | | tax return, a negligence penalty taxable and you fail to report it. |
| 2017 | | | . | | | | | |
| OMB No. 1545-0008 Form W- | -2 Wage and Tay State | ment | State Filing Co | | | With Employee's State, Cit | | cal Income Tax Return. |
| a Employee's social security number d Control number | | | G I S BODANNION O | | of the Treasury-Internal Revenue Serv | | 2 Federal income tax withheld | |
| 744–18–9500 023795 WY/0T3 c Employer's name, address, and ZIP code | | | 8 Allocated tips | | 94915.90 3 Social security wages | | 4 Social security tax withheld | |
| HCL AMERICA INC. 330 Potrero Ave. | | | 9 Verification code | | 99894.84 5 Medicare wages and tips | | 6193.48 6 Medicare tax withheld | |
| Sunnyvale, CA 94085-4194 | | | | | 99894.84 | | | 1448.48 |
| b Employer identification number (EIN) 77-0205035 | | | 10 Dependent care benefits | | d | instructions for box 12 | 12b | |
| e Employee's first name and initial Last name Suff. SAMTKSHA BATRA | | Suff. | 11 Nonqualified plans | | 12c | | 12d | |
| 16475, SW ESTUARY DR., APT 202 BEAVERTON, OR 97006 | | | 13 Statutory employee | Retirement Third-party plan sick pay | 14 Other | | | |
| f Employee's address and ZIP co | do | | | х | ia. | | | |
| 15 State Employer's State ID No | 16 State wages, tips, etc. | 17 State income | | 18 Local wages, tip | os, etc. | 19 Local income tax | 20 | Locality name |
| OR 00902743 9 | 19903.32 | 1 | 534.79 | | | | | |
| | | | | | | | | |
| 2017 | | | Federal | | | | | |
| OMB No. 1545-0008 Form W-2 Wage and Tax Statement | | | Copy B - To Be Filed V | | | With Employee's FEDERA asury-Internal Revenue Ser | | eturn. |
| a Employee's social security num 744-18-9500 | ber d Control number 023795 WY/0T3 | | 7 Social secu | | | , tips, other compensation | | al income tax withheld |
| c Employer's name, address, and | | = | 8 Allocated tip | os | 3 Social : | security wages | 4 Social | security tax withheld |
| HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4194 | | | 9 Verification code | | 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| | | | 10 Dependent care benefits | | C12a See instructions for box 12 | | C 12b | |
| b Employer identification number (EIN) 77–0205035 e Employee's first name and initial Last name Suff. | | | 11 Nonqualified plans | | 6 C 12c | | [12d | |
| SAMIKSHA BATRA 16475, SW ESTUARY DR., APT 202 | | | 13 Statutory Retirement Third-party | | d d d | | | |
| BEAVERTON, OR 97006 | | | employee plan sick pay | | | 1 | | |
| Distribution, out 37000 | | | employee | | | | | |
| f Employee's address and ZIP coo | | 17 State income | | x | 700 | 19 Local income tax | | Locality name |