

Year To Date Earnings

Location Allowance 23234.15
 Group Term Life > \$50,000 129.36
 Base Salary 84843.11

Year To Date Deductions

Sec 132 Qualified Transport 1908.90
 401k Pretax Contributions 3242.40
 DENTAL PRE-TAX 300.00
 Group Term Life > \$50,000 129.36
 FSA Health Care 600.00
 Indian Insurance For Dependent 526.47
 MEDICAL PRE-TAX 2688.00
 POWER OF 1 24.00
 VISION PRE-TAX 62.40

009-005698-W2-W2-94061-HCL

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

Social Security No.:

165-27-7019

Marital Status:

Single

Exemptions/Allowances:

Federal: 1/0

State: 1/0

a Employee's social security number 165-27-7019	d Control number 020207 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 99404.92	2 Federal income tax withheld 19021.52	
c Employer's name, address, and ZIP code HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4194		8 Allocated tips	3 Social security wages 104556.22	4 Social security tax withheld 6482.49	
		9 Verification code	5 Medicare wages and tips 104556.22	6 Medicare tax withheld 1516.07	
		10 Dependent care benefits	12a See instructions for box 12 C 129.36	12b See instructions for box 12 D 3242.40	
b Employer identification number (EIN) 77-0205035		11 Nonqualified plans	12c See instructions for box 12 DD 11370.48	12d	
e Employee's first name and initial Last name Suff. ACHIN KALRA		13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other CA-SDI 939.84		
f Employee's address and ZIP code 1445 EBENER ST,APT 1 REDWOOD CITY, CA 94061					
15 State Employer's State ID No CA 359-2988-4	16 State wages, tips, etc. 99404.92	17 State income tax 6777.18	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

2017 Form W-2 Wage and Tax Statement
 OMB No. 1545-0008

Employee's Copy

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.

2017 Form W-2 Wage and Tax Statement
 OMB No. 1545-0008

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.

a Employee's social security number 165-27-7019	d Control number 020207 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 99404.92	2 Federal income tax withheld 19021.52	
c Employer's name, address, and ZIP code HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4194		8 Allocated tips	3 Social security wages 104556.22	4 Social security tax withheld 6482.49	
		9 Verification code	5 Medicare wages and tips 104556.22	6 Medicare tax withheld 1516.07	
		10 Dependent care benefits	12a See instructions for box 12 C 129.36	12b See instructions for box 12 D 3242.40	
b Employer identification number (EIN) 77-0205035		11 Nonqualified plans	12c See instructions for box 12 DD 11370.48	12d	
e Employee's first name and initial Last name Suff. ACHIN KALRA		13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other CA-SDI 939.84		
f Employee's address and ZIP code 1445 EBENER ST,APT 1 REDWOOD CITY, CA 94061					
15 State Employer's State ID No CA 359-2988-4	16 State wages, tips, etc. 99404.92	17 State income tax 6777.18	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

2017 Form W-2 Wage and Tax Statement
 OMB No. 1545-0008

Federal Filing Copy

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
 Department of the Treasury-Internal Revenue Service.

a Employee's social security number 165-27-7019	d Control number 020207 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 99404.92	2 Federal income tax withheld 19021.52	
c Employer's name, address, and ZIP code HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4194		8 Allocated tips	3 Social security wages 104556.22	4 Social security tax withheld 6482.49	
		9 Verification code	5 Medicare wages and tips 104556.22	6 Medicare tax withheld 1516.07	
		10 Dependent care benefits	12a See instructions for box 12 C 129.36	12b See instructions for box 12 D 3242.40	
b Employer identification number (EIN) 77-0205035		11 Nonqualified plans	12c See instructions for box 12 DD 11370.48	12d	
e Employee's first name and initial Last name Suff. ACHIN KALRA		13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other CA-SDI 939.84		
f Employee's address and ZIP code 1445 EBENER ST,APT 1 REDWOOD CITY, CA 94061					
15 State Employer's State ID No CA 359-2988-4	16 State wages, tips, etc. 99404.92	17 State income tax 6777.18	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Year To Date Earnings

Location Allowance	10800.00
Conveyance Reimbursement	3186.06
Group Term Life > \$50,000	122.16
Relocation Payment Suppl	192.67
OGPB	118.01
Base Salary	88662.00

Year To Date Deductions

401k Pretax Contributions	4978.94
Group Term Life > \$50,000	122.16
Indian Insurance For Dependent	302.07

009-002325-W2-W2-97006-HCL-1 of 2

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

Social Security No.:
744-18-9500

Marital Status:
Single

Exemptions/Allowances:
Federal: **1/0**
State: **1/0**

a Employee's social security number 744-18-9500	d Control number 023795 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 94915.90	2 Federal income tax withheld 17849.64
c Employer's name, address, and ZIP code HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4194		8 Allocated tips	3 Social security wages 99894.84	4 Social security tax withheld 6193.48
		9 Verification code	5 Medicare wages and tips 99894.84	6 Medicare tax withheld 1448.48
b Employer identification number (EIN) 77-0205035		10 Dependent care benefits	12a See instructions for box 12 C 122.16	12b D 4978.94
e Employee's first name and initial Last name Suff. SAMIKSHA BATRA 16475, SW ESTUARY DR.,APT 202 BEAVERTON, OR 97006		11 Nonqualified plans	12c	12d
f Employee's address and ZIP code		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other CA-SDI 709.73	
15 State Employer's State ID No CA 359-2988-4	16 State wages, tips, etc. 75012.58	17 State income tax 4989.09	18 Local wages, tips, etc.	19 Local income tax
20 Locality name				

2017 Form W-2 Wage and Tax Statement
OMB No. 1545-0008

Employee's Copy

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.

2017 Form W-2 Wage and Tax Statement
OMB No. 1545-0008

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.

a Employee's social security number 744-18-9500	d Control number 023795 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 94915.90	2 Federal income tax withheld 17849.64
c Employer's name, address, and ZIP code HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4194		8 Allocated tips	3 Social security wages 99894.84	4 Social security tax withheld 6193.48
		9 Verification code	5 Medicare wages and tips 99894.84	6 Medicare tax withheld 1448.48
b Employer identification number (EIN) 77-0205035		10 Dependent care benefits	12a See instructions for box 12 C 122.16	12b D 4978.94
e Employee's first name and initial Last name Suff. SAMIKSHA BATRA 16475, SW ESTUARY DR.,APT 202 BEAVERTON, OR 97006		11 Nonqualified plans	12c	12d
f Employee's address and ZIP code		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other CA-SDI 709.73	
15 State Employer's State ID No CA 359-2988-4	16 State wages, tips, etc. 75012.58	17 State income tax 4989.09	18 Local wages, tips, etc.	19 Local income tax
20 Locality name				

2017 Form W-2 Wage and Tax Statement
OMB No. 1545-0008

Federal Filing Copy

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
Department of the Treasury-Internal Revenue Service.

a Employee's social security number 744-18-9500	d Control number 023795 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 94915.90	2 Federal income tax withheld 17849.64
c Employer's name, address, and ZIP code HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4194		8 Allocated tips	3 Social security wages 99894.84	4 Social security tax withheld 6193.48
		9 Verification code	5 Medicare wages and tips 99894.84	6 Medicare tax withheld 1448.48
b Employer identification number (EIN) 77-0205035		10 Dependent care benefits	12a See instructions for box 12 C 122.16	12b D 4978.94
e Employee's first name and initial Last name Suff. SAMIKSHA BATRA 16475, SW ESTUARY DR.,APT 202 BEAVERTON, OR 97006		11 Nonqualified plans	12c	12d
f Employee's address and ZIP code		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other CA-SDI 709.73	
15 State Employer's State ID No CA 359-2988-4	16 State wages, tips, etc. 75012.58	17 State income tax 4989.09	18 Local wages, tips, etc.	19 Local income tax
20 Locality name				

Year To Date Earnings

Year To Date Deductions

009-002325-W2-W2-97006-HCL-2 of 2

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

Social Security No.:
744-18-9500
Marital Status:
Single
Exemptions/Allowances:
Federal: **1/0**
State: **1/0**

a Employee's social security number 744-18-9500	d Control number 023795 WY/OT3	7 Social security tips	1 Wages, tips, other compensation	2 Federal income tax withheld	
c Employer's name, address, and ZIP code HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4194		8 Allocated tips	3 Social security wages	4 Social security tax withheld	
		9 Verification code	5 Medicare wages and tips	6 Medicare tax withheld	
b Employer identification number (EIN) 77-0205035		10 Dependent care benefits	c 12a See instructions for box 12	C 12b	
e Employee's first name and initial Last name Suff. SAMIKSHA BATRA 16475, SW ESTUARY DR., APT 202 BEAVERTON, OR 97006		11 Nonqualified plans	C 12c	C 12d	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other		
f Employee's address and ZIP code					
15 State Employer's State ID No OR 00902743 9	16 State wages, tips, etc. 19903.32	17 State income tax 1534.79	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

2017 Form W-2 Wage and Tax Statement
OMB No. 1545-0008

Employee's Copy

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.

2017 Form W-2 Wage and Tax Statement
OMB No. 1545-0008

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.

a Employee's social security number 744-18-9500	d Control number 023795 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 94915.90	2 Federal income tax withheld 17849.64	
c Employer's name, address, and ZIP code HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4194		8 Allocated tips	3 Social security wages 99894.84	4 Social security tax withheld 6193.48	
		9 Verification code	5 Medicare wages and tips 99894.84	6 Medicare tax withheld 1448.48	
b Employer identification number (EIN) 77-0205035		10 Dependent care benefits	c 12a See instructions for box 12	C 12b	
e Employee's first name and initial Last name Suff. SAMIKSHA BATRA 16475, SW ESTUARY DR., APT 202 BEAVERTON, OR 97006		11 Nonqualified plans	C 12c	C 12d	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other		
f Employee's address and ZIP code					
15 State Employer's State ID No OR 00902743 9	16 State wages, tips, etc. 19903.32	17 State income tax 1534.79	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

2017 Form W-2 Wage and Tax Statement
OMB No. 1545-0008

Federal Filing Copy

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
Department of the Treasury-Internal Revenue Service.

a Employee's social security number 744-18-9500	d Control number 023795 WY/OT3	7 Social security tips	1 Wages, tips, other compensation	2 Federal income tax withheld	
c Employer's name, address, and ZIP code HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4194		8 Allocated tips	3 Social security wages	4 Social security tax withheld	
		9 Verification code	5 Medicare wages and tips	6 Medicare tax withheld	
b Employer identification number (EIN) 77-0205035		10 Dependent care benefits	c 12a See instructions for box 12	C 12b	
e Employee's first name and initial Last name Suff. SAMIKSHA BATRA 16475, SW ESTUARY DR., APT 202 BEAVERTON, OR 97006		11 Nonqualified plans	C 12c	C 12d	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other		
f Employee's address and ZIP code					
15 State Employer's State ID No OR 00902743 9	16 State wages, tips, etc. 19903.32	17 State income tax 1534.79	18 Local wages, tips, etc.	19 Local income tax	20 Locality name