PAGE 1

	erence Copy		
	and Tax 2018		
Stateme	ent OMB No. 1545-0008		
d Control number Dept.	Corp. Employer use only		
727375 CHIC/PXC	A 2135		
c Employer's name, address, CAPGEMINI AN 6400 SCHAFER ROSEMONT IL	MERICA INC CT STE#100		
e/f Employee's name, address, RANJITH KANNIYAKU 92 BLEECKER ST FL JERSEY CITY NJ 073	MARI PERUMAL .OOR 2		
b Employer's FED ID number	a Employee's SSA number		
22-2575929 1 Wages, tips, other comp.	2 Federal income tax withheld		
143551.54	24474.08		
3 Social security wages 128400.00	4 Social security tax withheld 7960.80		
5 Medicare wages and tips 143551.54	6 Medicare tax withheld 2081.50		
7 Social security tips	8 Allocated tips		
9 Verification Code a9db-4f93-9a57-b9ab	10 Dependent care benefits 1500.00		
11 Nonqualified plans	12a See instructions for box 12 C 156.96		
14 Other 31.20 SDI 48.33 PFL	12b DDI 13872.36 12c I 12d I 13 Stat emp Ret. plan 3rd party sick party		
15 State Employer's state ID no TOTAL STATE	b. 16 State wages, tips, etc.		
17 State income tax 9336.23	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
1 Wages, tips, other comp. 143551.54	2 Federal income tax withheld 24474.08		
3 Social security wages 128400.00	4 Social security tax withheld 7960.80		
5 Medicare wages and tips 143551.54	6 Medicare tax withheld 2081.50		
d Control number Dept.	Corp. Employer use only		
727375 CHIC/PXC	A 2135		
c Employer's name, address, CAPGEMINI AN 6400 SCHAFER	IERICA INC		

2018 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2018 pay stub plus any adjustments submitted by your employer.

Gross Pay	150829.04	Social Security Tax Withheld Box 4 of W-2	7960.80	NY. State Income Tax Box 17 of W-2 Local Income Tax	9336.23
Fed. Income	24474.08	Medicare Tax	2081.50	Box 19 of W-2	
Tax Withheld		Withheld		SUI/SDI/FLI	79.53
Box 2 of W-2		Box 6 of W-2		Box 14 of W-2	

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	150,829.04	150,829.04	150,829.04	150,829.04
Plus GTL (C-Box 12)	156.96	156.96	156.96	156.96
Less Medical FSA	400.00	400.00	400.00	400.00
Less Dependent FSA/DCB	1,500.00	1,500.00	1,500.00	1,500.00
Less Other Cafe 125	5,534.46	5,534.46	5,534.46	5,534.46
Wages Over Limit Reported W-2 Wages	N/A 143,551.54	15,151.54 128,400.00	N/A 143,551.54	N/A 143,551.54

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

RANJITH KANNIYAKUMARI PERUMAL 92 BLEECKER ST FLOOR 2 JERSEY CITY NJ 07307 Social Security Number:**671-32-3629** Taxable Marital Status: **SINGLE**

Exemptions/Allowances:

FEDERAL: 3 STATE: 0

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1 Wages, tips, other comp. 143551.54	2 Federal income tax withheld 24474.08	1 Wages, tips, other comp. 143551.54	2 Federal income tax withheld 24474.08	1 Wages, tips, other comp. 143551.54	2 Federal income tax withheld 24474.08
3 Social security wages 128400.00	4 Social security tax withheld 7960.80	3 Social security wages 128400.00	4 Social security tax withheld 7960.80	3 Social security wages 128400.00	4 Social security tax withheld 7960.80
5 Medicare wages and tips 143551.54	6 Medicare tax withheld 2081.50	5 Medicare wages and tips 143551.54	6 Medicare tax withheld 2081.50	5 Medicare wages and tips 143551.54	6 Medicare tax withheld 2081.50
d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only
727375 CHIC/PXC	A 2135	727375 CHIC/PXC	A 2135	727375 CHIC/PXC	A 2135
c Employer's name, address, a	Ind ZIP code	c Employer's name, address, a	nd ZIP code	c Employer's name, address, a	nd ZIP code
CAPGEMINI AM 6400 SCHAFER ROSEMONT IL	CT STE#100	CAPGEMINI AM 6400 SCHAFER ROSEMONT IL	CT STE#100	CAPGEMINI AM 6400 SCHAFER ROSEMONT IL	CT STE#100
b Employer's FED ID number 22-2575929	a Employee's SSA number 671-32-3629	b Employer's FED ID number 22-2575929	a Employee's SSA number 671-32-3629	b Employer's FED ID number 22-2575929	a Employee's SSA number 671-32-3629
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips
9 Verification Code a9db-4f93-9a57-b9ab	10 Dependent care benefits 1500.00	9 Verification Code	10 Dependent care benefits 1500.00	9 Verification Code	10 Dependent care benefits 1500.00
11 Nonqualified plans	12a See instructions for box 12 C 156.96	11 Nonqualified plans	^{12a} C 156.96	11 Nonqualified plans	^{12a} C 156.96
14 Other	^{12b} DD 13872.36	14 Other	^{12b} DD 13872.36	14 Other	^{12b} DD 13872.36
31.20 SDI	12c	31.20 NY SDI	12c	31.20 NY SDI	12c
48.33 PFL	12d	48.33 NY PFL	12d	48.33 NY PFL	12d
	13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pa
e/f Employee's name, address ar	nd ZIP code	e/f Employee's name, address a	nd ZIP code	e/f Employee's name, address a	nd ZIP code
RANJITH KANNIYAKUN		RANJITH KANNIYAKUN		RANJITH KANNIYAKUN	IARI PERUMAL
92 BLEECKER ST FL	-	92 BLEECKER ST FL	-	92 BLEECKER ST FL	-
JERSEY CITY NJ 073		JERSEY CITY NJ 073		JERSEY CITY NJ 073	
15 State Employer's state ID no. TOTAL STATE	16 State wages, tips, etc.	15 State Employer's state ID no NY 22-2575929	. 16 State wages, tips, etc. 143551.54	15 State Employer's state ID no NY 22-2575929	. 16 State wages, tips, etc. 143551.54
17 State income tax 9336.23	18 Local wages, tips, etc.	17 State income tax 9336.23	18 Local wages, tips, etc.	17 State income tax 9336.23	18 Local wages, tips, etc.
19 Local income tax	20 Locality name	19 Local income tax	20 Locality name	19 Local income tax	20 Locality name
Federal Fil	ing Copy	NY.State Re	ference Copy	NY.State Fili	ing Copy
W-2 Wage an Stateme Copy B to be filed with employee's Fe	and Tax 2018 ent OMB No. 1545-0008 ederal Income Tax Return.	W-2 Copy 2 to be filed with employee's State		W-2 Wage and Statemer	nd Tax 2018 ent OMB No 1545-0008

PAGE 2

NJ.State Re	ference Copy		
W-2 Wage a Statement			
Statemen			
Copy 2 to be filed with employee's State d Control number Dept.	OMB No. 1545-0008 e Income Tax Return. Corp. Employer use only		
727375 CHIC/PXC	A 2136		
c Employer's name, address, a	and ZIP code		
6400 SCHAFER			
ROSEMONT IL	60018		
	Batch #02951		
	Batch #02951		
e/f Employee's name, address, a	and ZIP code		
RANJITH KANNIYAKUI	MARI PERUMAL		
92 BLEECKER ST FL	OOR 2		
JERSEY CITY NJ 073	07		
b Employer's FED ID number	a Employee's SSA number		
22-2575929 1 Wages, tips, other comp.	2 Federal income tax withheld		
143551.54	24474.08		
3 Social security wages	4 Social security tax withheld		
128400.00	7960.80		
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7 Social security tips	2081.50 8 Allocated tips		
9 Verification Code	10 Dependent care benefits 1500.00		
11 Nonqualified plans	12a See instructions for box 12 C 156.96		
14 Other	C 156.96 12b DD 13872.36		
31.20 NY SDI	12c		
	12d 13 Stat emp Ret. plan 3rd party sick pay		
15 State Employer's state ID no NJ 222575929/000	0. 16 State wages, tips, etc. 150006.00		
17 State income tax	18 Local wages, tips, etc.		
	local wages, lips, etc.		
19 Local income tax	20 Locality name		

2 Federal income tax withheld

4 Social security tax withheld 7960.80

24474.08

18

0008

2018 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2018 pay stub plus any adjustments submitted by your employer.

Gross Pay	150829.04	Social Security Tax Withheld Box 4 of W-2	7960.80	NJ. State Income Tax Box 17 of W-2 SUI/SDI/FLI	31.	31.20
Fed. Income Tax Withheld Box 2 of W-2	24474.08	Medicare Tax Withheld Box 6 of W-2	2081.50	Box 14 of W-2		

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Gross Pay Plus GTL (C-Box 12) Less Medical FSA Less Dependent FSA/DCB Less Other Cafe 125 **Reported W-2 Wages** Tips, Etc. Box 16 of W-2 150,829.04 156.96 980.00 150,006.00

NJ. State Wages,

N/A N/A

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

RANJITH KANNIYAKUMARI PERUMAL 92 BLEECKER ST FLOOR 2 JERSEY CITY NJ 07307

Social Security Number: 671-32-3629 Taxable Marital Status: SINGLE Exemptions/Allowances:

FEDERAL: 3 STATE: 3 Table B

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120400.00	1300.00
5 Medicare wages and tips 143551.54	6 Medicare tax withheld 2081.50
d Control number Dept.	Corp. Employer use only
727375 CHIC/PXC	A 2136
c Employer's name, address, a CAPGEMINI AM 6400 SCHAFER ROSEMONT IL	ERICA INC CT STE#100
b Employer's FED ID number 22-2575929	a Employee's SSA number 671-32-3629
7 Social security tips	8 Allocated tips
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31.20 NY SDI	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address ar RANJITH KANNIYAKUM 92 BLEECKER ST FL JERSEY CITY NJ 073	IARI PERUMAL OOR 2
15 State Employer's state ID no NJ 222575929/000	. 16 State wages, tips, etc. 150006.00
17 State income tax	18 Local wages, tips, etc.
19 Local income tax 20 Locality name	
NJ.State Fili	ng Copy
W-2 Wage an	

Statement

Copy 2 to be filed with employee's State Income Tax Return

Wages, tips, other comp.

3 Social security wages 128400.00

-2

143551.54

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 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 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. If 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 includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 also is 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 that became taxable for social 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 shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you ac opy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$18,500 (\$12,500 if you only have SIMPLE plans; \$21,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$18,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2018, your employer may have allowed an additional deferral of up to \$6,000 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the instructions for Form 1040. Note: If a year follows code D through H. S, Y, AA, BB, or EE, you

Note: If a year follows code D through H, S, Y, AA, BB, of 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.

A-Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See the Form 1040 instructions.

 ${\rm B-Uncollected}$ Medicare tax on tips. Include this tax on Form 1040. See the Form 1040 instructions.

 $\textbf{C}-\text{Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)$

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.

E-Elective deferrals under a section 403(b) salary reduction agreement F-Elective deferrals under a section 408(k)(6) salary reduction SEP 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.

 $\begin{array}{l} \textbf{P-Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5) \\ \textbf{Q-Nontaxable combat pay. See the instructions for Form 1040 for details on reporting this amount. \end{array}$

R-Employer contributions to your Archer MSA. Report on Form 8853,
Archer MSAs and Long-Term Care Insurance 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).

Adoption Expenses, to compute any taxable and nontaxable amounts. V-Income from 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.

W-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).

 Y – Deferrals under a section 409A nonqualified deferred compensation plan
Z – Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount also is included in box 1. It is subject to an additional 20% ta 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

DD-Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

EÉ—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a taxexempt 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) **HH**—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 (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.

Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):

TAX	RETURN
THIS FORM W-2	OTHER W-2'S

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 don't 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 can't 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/EITC. 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 aren't 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 ask the employer to file Form W-2c, Corrected Wage and Tax Statement, 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-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You also may visit the SSA website at *www.SSA.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.