## Year To Date Deductions Year To Date Earnings 69855.86 4943.04 Regular - Semi Mo. Pretax Medical Deduction Retro Pay 96.87 Vision Plan 216.48 5460.39 Vacation Paid Not Taken Pretax Dental Plan 261.60 Benefit Differential Flat 759.00 Health Care Spending Account 2491.59 010-006467-W2-60606-CGA Group Term Life > \$50000 26.52 CGA AD&D Insurance 72.45 2681.21 Net Pav Adi - ACH Capgemini America, Inc. Group Term Life>\$50000 Offset 26.52 PO Box 17004 Augusta, GA 30903 Social Security No .: 193-37-2332 Marital Status: Married Exemptions/Allowances: Federal: 6/0 State: 4/0 a Employee's social security number d Control number 7 Social security tips 1 Wages, tips, other compensation 2 Federal income tax withheld 68285.93 193-37-2332 009371 WY/2S7 5609.00 c Employer's name, address, and ZIP code 8 Allocated tips 3 Social security wages 4 Social security tax withheld 68285.93 4233.73 Capgemini America, Inc. 5 Medicare wages and tips PO Box 17004 9 Verification code 6 Medicare tax withheld Augusta, GA 30903 68285.93 990.15 10 Dependent care benefits 12a See instructions for box 12 12b b Employer identification number (EIN) 22-2575929 DD 26.52 17118.00 C 11 Nonqualified plans 12c 12d Suff. e Employee's first name and initial Last name VÁMSEE KRISHNA GADDAM 13 Statutory Retirement Third-party 14 Other **CAPGEMINI C/O HR OPERATIONS** plan employee sick pay 614.33 CA-SDI 333 WEST WACKER DRIVE, SUITE 300, CHICAGO, IL 60606 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 258-1159-7 68285.93 1443.81 CA Form W-2 Wage and Tax Statement Employee's Copy C - For EMPLOYEE'S RECORDS. (See Notice to Employee on back.) 2017 Department of the Treasury-Internal Revenue Service. This information is being furnished Сору to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty No. 1545-0008 or other sanction may be imposed on you if this income is taxable and you fail to report it. 2017 State Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return. Form W-2 Wage and Tax Statement Filing Copy No. 1545-0008 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 68285.93 193-37-2332 009371 WY/2S7 5609.00 c Employer's name, address, and ZIP code 8 Allocated tips 3 Social security wages 4 Social security tax withheld 68285.93 4233.73 Capgemini America, Inc. PO Box 17004 9 Verification code 5 Medicare wages and tips 6 Medicare tax withheld Augusta, GA 30903 68285.93 990.15 10 Dependent care benefits 12a See instructions for box 12 12b b Employer identification number (EIN) 22-2575929 DD 17118.00 26.52 C 11 Nongualified plans 12c Suff. 12d e Employee's first name and initial Last name VAMSEE KRISHNA GADDAM 14 Other CAPGEMINI C/O HR OPERATIONS 13 Statutory Retirement Third-party sick pay plan 333 WEST WACKER DRIVE, SUITE 300, employee CA-SDI 614.33

 

 333 WEST WACKER DRIVE, SUITE 300, CHICAGO, IL 60606
 employee plan suck pay
 CA-SDI 614.33

 f Employee's address and ZIP code
 Imployee'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

 CA 258-1159-7
 68285.93
 1443.81
 18 Local wages, tips, etc.
 19 Local income tax
 20 Locality name

2017 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 numl 193-37-2332	d Control number 009371 WY/2S7		7 Social secu	rity tips	1 Wages	, tips, other compensation 68285.93	2 Federal income tax withheld 5609.00	
c Employer's name, address, and ZIP code Capgemini America, Inc. PO Box 17004 Augusta, GA 30903			8 Allocated tips		3 Social security wages 68285.93		4 Social security tax withheld 4233.73	
			9 Verification code		5 Medicare wages and tips 68285.93		6 Medicare tax withheld 990.15	
b Employer identification number (EIN) 22–2575929			10 Dependent care benefits		C12a See	e instructions for box 12 26.52	<sup>C</sup> 12b <b>DD</b> 17118.00	
e Employee's first name and initial Last name Suff. VAMSEE KRISHNA GADDAM			11 Nonqualifi	ed plans	C <b>12c</b>		C 12d	
CAPGEMINI C/O HR OPERATIONS 333 WEST WACKER DRIVE, SUITE 300, CHICAGO, IL 60606				Retirement Third-party plan sick pay	14 Other CA-	-SDI 614.33		
f Employee's address and ZIP code								
15 State Employer's State ID No CA 258-1159-7	16 State wages, tips, etc. 68285.93	17 State income 1	e tax .443.81	18 Local wages, tip	os, etc.	19 Local income tax	20 Locality name	

## Notice to Employee

by you have to file? Refer to the Form 1040 Instructions to determine if you are required to file a tax return. Even 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 2017 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 2017 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 social security and like hement, with the your tax return. If you mane and SSN are correct 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 he same as shown on your social security and your should be are on the same as shown on your social security and your social security and prove that are not have correct dual are of the corrections and so you may like them with you fak return. If you mane and SSN are correct any name, SSN, or money and SSN are correct any name, SSN or correct and the same as shown on your social security and you shouly with the

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 2017 and more than \$7,886.40 in social security and/or Tier 1 railcoad retirement (RRTA) taxes were withheid, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railcoad employer and more than \$4,630.50 in Tier 2 RRTA tax was withheid, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Pub. 505, Tax Withhoding 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. 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 6. This amount in clucked in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see

Note: The U-Y-X-Multitude Medicate Fax on the Origination of the Wages and tube above 2000000. Box 8. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions. You must the 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 your cereived, report that amount even if it is more or less than the allocated tips. On Form 4137, your social security and Medicare tax owed on the allocated tips. On Form 4137, your social security is will be credited to your social security record (used to figure your benefits). By Call security tips will be credited to your social security record (used to figure your benefits). Ho Form 4137, your social security and Medicare tax owed on the allocated tips. On Form 4137, your social security this will be credited to your social security record (used to figure your benefits). By Call security tips will be credited to your social security record (used to figure your benefits). Ho FOS In Jouet and the social security and Medicare tax owed on the allocated tips. Do Form 4127, your social security this will be credited to your social security record (used to figure your benefits). By Call security tips will be credited to your social security record (used to figure your benefits). By FOS In Units amount includes the total dependent care tem. The code is not entered by your softward or your softward Calleting filling form 4127 (1000) and an on the social social social social social and the social social and the social social dependent of a prover social social and the social social and the social social social social social and and the social social and the social social and the social and the social social and the social social and the social social social and the social social social and the

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 "Other Taxes" in the Form Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040

instructions.

Instructions. C=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. Elective deferrals under a section 403(b) salary reduction agreement Elective deferrals under a section 408(k)(d) salary reduction SEP C=Elective deferrals under a section 408(k)(d) salary reduction SEP C=Elective deferrals under a section 408(k)(d) salary reduction SEP C=Elective deferrals under as account 408(k)(d) salary reduction SEP C=Elective deferrals under as section 408(k)(d) salary reduction SEP C=Elective deferrals on the omployer contributions (including nonelective deferrals) to a section 457(b) deferred

G—Elective deferrals and employer contributions (including nonelective deterrals) to a section 437 (u) verence compensation plan H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See "Adjusted Gross Income" in the Form 1040 instructions for how to deduct. J—Nontaxable sick pay (information only, not included in boxes 1, 3, or 5) M—Uncollected Neclar each and that an ot taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions. U—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions. U—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions. D—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions paid directly to employee (not included in hoxes 1, 3, or 5) O—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this amount.

Control a value control pays, occurs instructions and a mount.
 Amount.
 R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care
 Insurance Contracts.
 Insurance C

Insura S T

Insurance Contracts. Sememployee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1) Tendoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts. W—Employee contributions (included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts. W—Employee contributions (included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts. W—Employee contributions (including and wonts 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—Deferrats under a section 409A nonqualified deferred compensation plan Z—income under a nonqualified deferred compensation plan Tuctuder in box 1. It is subject to an additional 20% tax plus interest. See "Other Taxes" in the Form 1040 instructions. BB—Designeted Roth contributions under a section 401(k) plan BB—Designeted Roth contributions under a section 403(b) plan DD—Cost of employer-sponsored health coverage. The amount reported with Code DD is not taxable. EE—Designated Roth contributions under a section 457(b) plan. This amount does not apply to contributions under a tax-extend transition section 457(b) plan.

Emperimental 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

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, Their 2 tax, Medicare tax and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

should file Form SSA-131, Employer Keport of Special wage Paymetics, with the social security Autimitiation and provide a copy. Box 12: The following list explains the codes shown in box 12. You may need this information to complete your tax plans are generally limited to a total of \$18,000 (\$12,500 if you only have SIMPLE plans; \$21,000 for section 403(b) and Foundation and the plans if you qualify for the least age 50 in 2017, your employer may have allowed an additional deferral on the using to the overall limit on elective deferrals. For code G, the limit on elective deferrals include din income. See the "Wages, Salaries, Tips, etc." line 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