		Year T	o Date Earnii	ngs		Year To Date Deductions			
Grou Enga 006-014619-W2-W2-76109-HCL Retr Base		tion Allowance Term Life > \$50,000 gement Performance Bonus pactive Earnings Suppl Salary ial Bonus		4200.00 40.20 4342.80 86.11 83550.21 450.00	DENTAL PRE-TZ Group Term Li MEDICAL PRE-T POMER OF 1 VISION PRE-TZ	ife > \$50,000 TAX	339.60 ,000 40.20 3228.00 24.00 62.40		
Social Security No.: 274-23-3724 Martial Status: Married Exemptions/Allowances: Federal: 1/0 State: 0/0									
	d Control number		7 Social secu	rity tips	1 Wages, tip	s, other compensation 89039.32	2 Federal income	tax withheld 8880.80	
274-23-3724 c Employer's name, address, and ZIP c	028698 WY/0T3		8 Allocated tip	15	3 Social secu		4 Social security t		
HCL AMERICA INC.	ouc		o Anocated th	5	5 500101 3000	89039.32	4 Social Security (	5520.44	
330 Potrero Ave.			9		5 Medicare wages and tips		6 Medicare tax withheld		
Sunnyvale, CA 94085-4113					89039.32		1291.07		
b Employer identification number (EIN)	77-0205035		10 Dependen	care benefits	C 12a See ins	tructions for box 12 40.20	ິ12b ₫ <b>DD</b>	12142.44	
e Employee's first name and initial RAJKUMAR VENUGOPAL APT 2316, 2416 VIA BOLO FORT WORTH, TX 76109 f Employee's address and ZIP code		Suff.	11 Nonqualifie	Retirement Third-party	ਿ12c ਰੂ 14 Other		G 12d		
15 State Employer's State ID No 16 Sta	ate wages, tips, etc.	17 State incom	e tax	18 Local wages, ti	ps, etc. 19	Local income tax	20 Locality n	ame	
2019 Form W-2 Wa	age and Tax State	ment	Employe Copy	Department to the Intern	of the Treasu al Revenue Se	<b>'S RECORDS. (See N</b> ry-Internal Revenue Se rvice. If you are require mposed on you if this in	rvice. This informated to file a tax return	ion is being furnished a, a negligence penalty	
2019 OMB No. 1545-0008 Form W-2 Wa a Employee's social security number	age and Tax State	ement	State Filing Co 7 Social secu	py Department	t of the Treasu	Employee's State, Ci ry-Internal Revenue Se s, other compensation	rvice.		
274-23-3724			/ Social Secu	niy ups	i wayes, lip	89039.32		8880.80	
c Employer's name, address, and ZIP c			8 Allocated ti	os	3 Social secu		4 Social security t		
HCL AMERICA INC.						89039.32		5520.44	
330 Potrero Ave.			9		5 Medicare v	ages and tips	6 Medicare tax wi		
Sunnyvale, CA 94085-4113						89039.32		1291.07	

2019 <u>OMB No. 1545-0008</u> Form W-2 Wage and Tax Statement			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 number 274-23-3724	d Control number 028698 WY/0T3		7 Social sec	urity tips	1 Wages	, tips, other compensation 89039.32	2 Federal i	ncome tax withheld 8880.80		
c Employer's name, address, and ZIP code			8 Allocated tips		3 Social security wages 89039.32		4 Social security tax withheld 5520.44			
330 Potrero Ave. Sunnyvale, CA 94085-4113			9		5 Medicare wages and tips 89039.32		6 Medicare tax withheld 1291.07			
b Employer identification number (EIN)	77-0205035		10 Depender	nt care benefits	C12a See	instructions for box 12 40.20	<sup>C</sup> 12b d <b>DD</b>	12142.44		
e Employee's first name and initial RAJKUMAR VENUGOPAL KULAS		Suff.	11 Nonqualif	•	C <b>12c</b>		C <b>12d</b>			
APT 2316, 2416 VIA BOLOC FORT WORTH, TX 76109			13 Statutory employee	Retirement Third-party plan sick pay	14 Other					
f Employee's address and ZIP code										
15 State Employer's State ID No 16 St	ate wages, tips, etc.	17 State income	tax	18 Local wages, ti	ps, etc.	19 Local income tax	20 Lo	cality name		

10 Dependent care benefits

13 Statutory Retirement Third-party employee plan sick pay

18 Local wages, tips, etc.

11 Nonqualified plans

Suff.

17 State income tax

b Employer identification number (EIN) 77-0205035

f Employee's address and ZIP code 15 State Employer's State ID No 16 State wages, tips, etc.

e Employee's first name and initial Last name

RAJKUMAR VENUCOPAL KULASEKARAN APT 2316, 2416 VIA BOLOGNA FORT WORTH, TX 76109

89039.32

12b DD

12d

20 Locality name

C 12a See instructions for box 12

19 Local income tax

12c

1291.07

12142.44

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 thave 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 it box 2 snows an amount or it you are eligible. **Earned income credit (EIC).** You may be eligible for a retund it box 2 snows an amount or it you are eligible is 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 examot take the EIC if your investment income is more than the specified amount for 2019 or if income is earned for services provided while you were an immate at a penal institution. For 2019 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 ask your employer to correct your employment record. Be sure to as the employer to file form all security and Wage and Tax Statement, with the Social Security administration (SSA) to correct any name, SSN, or moley amount error reported to the SSA on Form W-2. Be sure to get your corpies of Form W-2. The same as a shown on your social security and provided to the SSA on Form W-2. The same as the vare 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 2019 and more than \$8,239.80 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 \$4,836.30 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 Fstimated Tax. withheld, you a Estimated Tax.

## Instructions for Employee

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 3. Enter this amount on the federal income tax withheld line of your tax return. 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. On Form 4137, your social security tips will be credited to your social security rand Medicare tax owed on the allocated tips. Son on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filling Form 4137, your social security tips will be credited to your social security rand Medicare tax owed on the allocated tips. Son your or your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filling Form 4137, your social security tips will be credited to your social security rand the discribution manualited deterred compensation or nongovernmental section 457(b) plan or (b) included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts. Box 11. This amount is, or lore to the oth 1 if its a distribution made to your form a nonqualified deterred compensation or nongovernmental section 457(b) plan or (b) included in bo

should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy. **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 \$19,000 (\$13,000 if you only have SIMPLE plans; \$22,000 for section 403(b) plans if you quilify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,000. Cis,000 for you code H are limited to \$7,000; your employer may have allowed an additional deferral of up to \$6,000 Cis,000 for you code H and Cis,010 (11) and Ad(Bg) 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 ne higher for the last 3 years before you reach relitement 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 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, no 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 stru

Uncollected 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

G → Elective deferrals and employer contributions (including nonelective deferrals) to a section 45/(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. → Nontaxable sick pay (information only, not included in box 1, 3, or 5) → Nontaxable sick pay (information only, not included in box 1, 3, or 5) → Uncollected social security or RRT1 tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions. → Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and taxable size tax on taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and the tax on taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group-term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group term life insurance over \$50,000 (former employees only). → Cost and taxable cost of group term life in compensation plan

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). Complete Form 8839, Qualified Adoption Expenses, to compute any

taxable and nontaxable amounts.

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DU—Cost of employer-sponsored health coverage. The amount reported with Code DD is not 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 (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.

IF NEEDED. PLEASE MAKE A COPY OF YOUR STATE OR FEDERAL FILING COPY FOR USE WITH YOUR CITY OR LOCAL TAX FILING