## Year To Date Earnings

## Year To Date Deductions

| 401(k) Savings Plan        | 975.04  |
|----------------------------|---------|
| DENTAL PRE-TAX             | 173.35  |
| Group Term Life > \$50,000 | 163.00  |
| Interest On Loan Taken     | 67.50   |
| Company Loan               | 2250.00 |
| MEDICAL PRE-TAX            | 1777.26 |
| 1125 Travel Advance        | 1582.96 |
| VISION PRE-TAX             | 239.36  |

Social Security No.:
643-49-7459
Marital Status:

Sunnyvale, CA 94085-4194

HCL AMERICA INC. 330 Potrero Ave.

008-011075-W2-W2-55305-HCL-1 of 2

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

| a Employee's social security number  | d Control number        |                 | 7 Social secu         | rity tips           | 1 Wages                         | , tips, other compensation        | 2 Federal in                   | ncome tax withheld |
|--|-------------------------|-----------------|-----------------------|---------------------|---------------------------------|-----------------------------------|--------------------------------|--------------------|
| 643-49-7459  | 034402 WY/0T3           |                 |                       |                     |                                 | 72441.50                          |                                | 12991.33           |
| c Employer's name, address, and ZIP code   |                         |                 | 8 Allocated tips      |                     | 3 Social security wages         |                                   | 4 Social security tax withheld |                    |
| HCL AMERICA INC.<br>330 Potrero Ave.   |                         |                 |                       |                     | 73416.54                        |                                   | 4551.83                        |                    |
|  |                         |                 | 9                     |                     | 5 Medicare wages and tips       |                                   | 6 Medicare tax withheld        |                    |
| Sunnyvale, CA 94085-419  | 94                      |                 |                       |                     |                                 | 73416.54                          |                                | 1064.54            |
| b Employer identification number (Ell  | N) 77-0205035           |                 | 10 Dependan           | t care benefits     | ି 12a See                       | instructions for box 12<br>163.00 | C 12b                          | 975.04             |
| e Employee's first name and initial Last name Suff. RAJESH VENUGOPALAN 12000 MARION LANE WEST APT 1205 |                         | Suff.           | 11 Nonqualified plans |                     | <sup>C</sup> 12c<br>d <b>DD</b> | 8226.69                           | C <b>12d</b>                   |                    |
|  |                         |                 | 13 Statutory employee |                     | 14 Other                        |                                   |                                |                    |
| MINNETONKA, MN 5530<br>f Employee's address and ZIP code   | 5                       |                 |                       | x                   |                                 |                                   |                                |                    |
| 15 State Employer's State ID No 16   | State wages, tips, etc. | 17 State income | e tax                 | 18 Local wages, tip | os, etc.                        | 19 Local income tax               | 20 Lo                          | cality name        |
| MD 0865480 7   | 24882.41                | 1               | 863.13                |                     |                                 |                                   |                                |                    |

2016

Form W-2 Wage and Tax Statement

Employee's Copy

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 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.

2016
OMB No. 1545-0008 Form W-2 Wage and Tax Statement State

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                              | d Control number         |                 | 7 Social secu         | rity tips                               | 1 Wages                   | , tips, other compensation        | 2 Federa                |                       |
|--|--------------------------|-----------------|-----------------------|---|---------------------------|-----------------------------------|-------------------------|-----------------------|
| 643-49-7459  | 034402 WY/0T3            |                 |                       |   |                           | 72441.50                          |                         | 12991.33              |
| c Employer's name, address, and ZIP                              | code                     |                 | 8 Allocated tip       | os                                      | 3 Social s                | security wages                    | 4 Social                | security tax withheld |
| HCL AMERICA INC.   |                          |                 |                       |   |                           | 73416.54                          |                         | 4551.83               |
| 330 Potrero Ave.   |                          |                 | 9                     |   | 5 Medicare wages and tips |                                   | 6 Medicare tax withheld |                       |
| Sunnyvale, CA 94085-419  | 4                        |                 |                       |   |                           | 73416.54                          |                         | 1064.54               |
| b Employer identification number (EIN                            | <sup>I)</sup> 77-0205035 |                 | 10 Dependan           | t care benefits                         | C 12a See                 | instructions for box 12<br>163.00 | C 12b                   | 975.04                |
| e Employee's first name and initial Last name RAJESH VENIXOPALAN |                          | Suff.           | 11 Nonqualified plans |   | C 12c DD                  | 8226.69                           | C <b>12d</b>            |                       |
| 12000 MARION LANE WEST<br>APT 1205                               |                          |                 | ,                     | Retirement Third-party<br>plan sick pay | 14 Other                  |                                   |                         |                       |
| MINNETONKA, MN 55305   |                          |                 |                       | x                                       |                           |                                   |                         |                       |
| f Employee's address and ZIP code                                |                          |                 |                       |   |                           |                                   |                         |                       |
| 15 State Employer's State ID No 16 S                             | State wages, tips, etc.  | 17 State income | tax                   | 18 Local wages, tip                     | s, etc.                   | 19 Local income tax               | 20                      | Locality name         |
| MD 0865480 7   | 24882.41                 | 1               | 863.13                |   |                           |                                   |                         |                       |

2016
OMB No. 1545-0008 Form W-2 Wage and Tax Statement Filing Copy B - To Be Filed With Employee's FEDERAL Tax Return.

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

Department of the Treasury-Internal Revenue Service.

| a Employee's social security numb  |   |                   | 7 Social secu        | rity tips                            | 1 Wages    | tips, other compensation 72441.50 | 2 Federal income tax withheld<br>12991.33 |  |
|--|---|-------------------|----------------------|--------------------------------------|------------|-----------------------------------|---|--|
| 643-49-7459  | 034402 WY/0T3                             |                   |                      |                                      |            | /2441.50                          | 12991.33                                  |  |
| c Employer's name, address, and  | ZIP code                                  |                   | 8 Allocated tip      | ps                                   | 3 Social s | security wages                    | 4 Social security tax withheld            |  |
| HCL AMERICA INC.   |   |                   |                      |                                      |            | 73416.54                          | 4551.83                                   |  |
| 330 Potrero Ave.   |   |                   | 9                    |                                      | 5 Medica   | re wages and tips                 | 6 Medicare tax withheld                   |  |
| Sunnyvale, CA 94085-4  | 194                                       |                   |                      |                                      |            | 73416.54                          | 1064.54                                   |  |
| b Employer identification number (   | EIN) 77-0205035                           |                   | 10 Dependan          | t care benefits                      | C12a See   | instructions for box 12<br>163.00 | © 12b                                     |  |
| e Employee's first name and initial  | Last name                                 | Suff.             | 11 Nonqualific       | ed plans                             | C12c       | 8226.69                           | C 12d                                     |  |
| 12000 MARION LANE WES APT 1205 MINNETONKA, MN 55305 f Employee's address and ZIP cod |   |                   |                      | Retirement Third-party plan sick pay | 14 Other   |                                   |   |  |
| 15 State Employer's State ID No 1<br>MD 0865480 7                                    | 6 State wages, tips, etc. <b>24882.41</b> | 17 State income 1 | tax<br><b>863.13</b> | 18 Local wages, tip                  | s, etc.    | 19 Local income tax               | 20 Locality name                          |  |

|   | Year To Date Earnings               |                       |                            |                        | Year To Date Deductions          |   |   |  |
|---|-------------------------------------|-----------------------|----------------------------|------------------------|----------------------------------|---|---|--|
|   |                                     |                       |                            |                        |                                  | _   |   |  |
| 009_011075 tato tato E5005                                    | :_uor_2                             |                       |                            |                        |                                  |   |   |  |
| 008-011075-W2-W2-55305  | -nul-2 OI 2                         |                       |                            |                        |                                  |   |   |  |
| HCL AMERICA INC.  |                                     |                       |                            |                        |                                  |   |   |  |
| 330 Potrero Ave.<br>Sunnyvale, CA 94085-41                    | 94                                  |                       |                            |                        |                                  |   |   |  |
| Sulliyvale, CA 94003 41                                       | .71                                 |                       |                            |                        |                                  |   |   |  |
|   |                                     |                       |                            |                        |                                  |   |   |  |
| Social Security No.:  |                                     |                       |                            |                        |                                  |   |   |  |
| <b>643–49–7459</b> Marital Status:                            |                                     |                       |                            |                        |                                  |   |   |  |
| Single  |                                     |                       |                            |                        |                                  |   |   |  |
| Exemptions/Allowances: Federal: 1/0                           |                                     |                       |                            |                        |                                  |   |   |  |
| State: 1/0  |                                     |                       |                            |                        |                                  |   |   |  |
| a Employee's social security numbe 643-49-7459                |                                     |                       | 7 Social secu              | rity tips              | 1 Wages                          | , tips, other compensation                              | 2 Federal income tax withheld   |  |
| c Employer's name, address, and ZI                            | 034402 WY/0T3<br>P code             |                       | 8 Allocated tip            | os                     | 3 Social s                       | security wages  | 4 Social security tax withheld  |  |
| HCL AMERICA INC.  |                                     |                       | 1-                         |                        |                                  |   |   |  |
| 330 Potrero Ave.<br>Sunnyvale, CA 94085-41                    | 94                                  |                       | 9                          |                        | 5 Medica                         | re wages and tips                                       | 6 Medicare tax withheld   |  |
| b Employer identification number (El                          | IN) 77-0205035                      |                       | 10 Dependan                | t care benefits        | ୁ 12a See                        | instructions for box 12                                 | C 12b   |  |
| e Employee's first name and initial                           | Last name                           | Suff.                 | 11 Nonqualifi              | ed plans               | e<br>C 12c                       | 1   | C 12d   |  |
| RÁJESH VENUGOPALA<br>12000 MARION LANE W                      |                                     |                       | 13 Statutory               | Retirement Third-party | 14 Other                         | 1   | e   |  |
| APT 1205  |                                     |                       | employee                   |                        |                                  |   |   |  |
| MINNETONKA, MN 5530<br>f Employee's address and ZIP code      | 05                                  |                       |                            | х                      |                                  |   |   |  |
| 15 State Employer's State ID No 16                            |                                     | 17 State income       |                            | 18 Local wages, tip    | s, etc.                          | 19 Local income tax                                     | 20 Locality name  |  |
| MN 2897897  | 47559.09                            | 2                     | 2819.00                    |                        |                                  |   |   |  |
| OMB No. 1545-0008   |                                     |                       | Сору                       | to the Interna         | al Revenue                       | Service. If you are require                             | vice. This information is being furnished do file a tax return, a negligence penal acome is taxable and you fail to report it |  |
| 2016  | W I T 01-1                          |                       | State                      |                        |                                  |   | ty, or Local Income Tax Return.   |  |
| OMB No. 1545-0008 Form W-2 a Employee's social security numbe | r d Control number                  | ment                  | 7 Social secu              |                        | of the Tre<br>1 Wages            | asury-Internal Revenue Se<br>, tips, other compensation | rvice. 2 Federal income tax withheld  |  |
| 643-49-7459   | 034402 WY/0T3                       |                       |                            |                        |                                  | 72441.50  | 12991.33  |  |
| c Employer's name, address, and ZI<br>HCL AMERICA INC.        | P code                              |                       | 8 Allocated ti             | ps                     | 3 Social :                       | security wages 73416.54                                 | 4 Social security tax withheld<br>4551.83   |  |
| 330 Potrero Ave.  | 0.4                                 |                       | 9                          |                        | 5 Medicare wages and tips        |   | 6 Medicare tax withheld   |  |
| Sunnyvale, CA 94085-41  | .94                                 |                       | 10 Dan and an              | A In CA                | C 10 - C                         | 73416.54  | 1064.54   |  |
| b Employer identification number (E                           | IN) 77-0205035                      |                       | ,                          | t care benefits        | o iza see                        | instructions for box 12                                 | C 12b   |  |
| e Employee's first name and initial                           | Last name                           | Suff.                 | 11 Nonqualifi              | ed plans               | C 12c                            |   | C 12d   |  |
| RAJESH VENUGOPALAN<br>12000 MARION LANE WEST                  | 1                                   |                       |                            | Retirement Third-party | 14 Other                         |   | r I   |  |
| APT 1205<br>MINNETONKA, MN 55305                              |                                     |                       | employee                   |                        |                                  |   |   |  |
| f Employee's address and ZIP code                             |                                     |                       |                            | x                      |                                  |   |   |  |
| 15 State Employer's State ID No 16 MN 2897897                 | State wages, tips, etc.<br>47559.09 | 17 State income       | e tax<br>2819.00           | 18 Local wages, tip    | os, etc.                         | 19 Local income tax                                     | 20 Locality name  |  |
|   |                                     |                       |                            | 1                      |                                  |   |   |  |
|   |                                     |                       |                            |                        |                                  |   |   |  |
| 2016  |                                     |                       | Federal                    |                        |                                  |   |   |  |
| OMB No. 1545-0008 Form W-2                                    | Wage and Tax Stater                 | ment                  | Filing Co                  |                        |                                  | With Employee's FEDERA<br>asury-Internal Revenue Se     |   |  |
| a Employee's social security number                           | d Control number                    |                       | 7 Social secu              |                        |                                  |   | 2 Federal income tax withheld   |  |
| 643-49-7459<br>c Employer's name, address, and ZI             | 034402 WY/0T3 P code                |                       | 8 Allocated ti             | ps                     | 3 Social :                       | security wages  | 4 Social security tax withheld  |  |
| HCL AMERICA INC.  |                                     | - mooded ups          |                            | , ,                    |                                  | _   |   |  |
| 330 Potrero Ave.<br>Sunnyvale, CA 94085-41                    | 94                                  |                       | 9                          |                        | 5 Medica                         | re wages and tips                                       | 6 Medicare tax withheld   |  |
| b Employer identification number (EIN) 77–0205035             |                                     |                       | 10 Dependant care benefits |                        | C12a See instructions for box 12 |   | C 12b   |  |
| e Employee's first name and initial Last name Suff.           |                                     | 11 Nonqualified plans |                            | C12c                   |                                  | C 12d   |   |  |
| RAJESH VENUGOPALAN<br>12000 MARION LANE WEST                  | 1                                   |                       | 13 Statutory               | Retirement Third-party | 14 Other                         |   | e <b> </b>  |  |
| APT 1205  |                                     |                       |                            | plan sick pay          |                                  |   |   |  |
| MINNETONKA, MN 55305<br>f Employee's address and ZIP code     |                                     |                       |                            | x                      |                                  |   |   |  |
| 15 State Employer's State ID No 16                            |                                     | 17 State income       |                            | 18 Local wages, tip    | os, etc.                         | 19 Local income tax                                     | 20 Locality name  |  |
| MN 2897897  | 47559.09                            |                       | 2819.00                    | 1                      |                                  |   | i   |  |

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 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 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 2016 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 cannot take the EIC if your investment income is more than the specified amount for 2016 or if income is earned for services provided while you were an inmate at a penal institution. For 2016 income limits and more information, visit www.irs.gov/elic. 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 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 address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to address is incorrect, correct Copies B, C, and 2 and sax your employer to 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-2. Form you employer for all corrections made so you may file them with your tax new card that displays your correct that are not the same as shown on your social security card, you should ask for a new card that displays your correct ame at 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 from the code of the c

## Instructions for Employee

BOX 1. Enter this amount on the wages line of your tax return.

BOX 2. 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 incubes the 1.45% Medicare Tax withheld on all Medicare wages and tips above \$200,000.

BOX 8. This amount is not included in lowse 1, 3, 5, or 7. For information on how to report tips on your tax return, see

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 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, 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, 1900 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, 1900 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, 1900 form 1900

should file Form SSA-131, Employer Report of Special wage Payments, will the Journal Security Administrators cappy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax feturn. 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 \$18,000 (\$12,500 if you only have SIMPLE plans; \$21,000 for section 403(b) lansif you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$7,000. However, if you were at least age 50 in 2016, your employer may have allowed an additional deferral or 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 yers before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferrals. File the limit on elective deferrals, in 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.

**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 millitary 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 0 instructions

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).

—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE reliement account that is part of a section 401(k) arrangement deferrals under a section 403(b) salary reduction agreement F—Elective deferrals under a section 408(b) salary reduction SEP

—Elective deferrals under a section 408(b) (s) as y reduction SEP

—Elective deferrals under a section 408(b) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective dererrals) to a section 1407 (u) deferred 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)
K—20% excise tax on excess golden parachute payments. See "Other Taxes" in the Form 1040 instructions.
L—Substantiated employee business expense reimbursements (nontaxable)
M—Incollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions.
M—Incollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions.

—Volter Taxes" in the Form 1040 instructions.

—Volter Taxes in the Form 1040 instructions for Form 1040 or Form 1040 for details on reporting this amount.

Contracts.

Q—wontaxable control pay, See the Institution
 The Institution of the

Improyer 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)

—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

—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.

—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 (RSAs).

—Deferrats under a section 409A nonqualified deferred compensation plan

Z—income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Other Taxes" in the Form 1040 instructions.

BB—Designated Roth contributions under a section 403(b) plan

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

EE—Designated Roth contributions under a overnmental section 457(b) plan. This amount does not apply to contributions under a development of 457(b) plan.

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.

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.