Year To Date Earnings

Location Allowance	10800.00
Group Term Life > \$50,000	165.12
Pager On Call Suppl	1040.00
OGPB	4339.56
Page Calarar	02040 60

Year To Date Deductions

GROUP ACCIDENT POST TAX	91.92
GROUP HOSPITAL POST TAX	223.68
Group Term Life > \$50,000	165.12
MEDICAL PRE-TAX	1570.60
DOMED OF 1	24 00

Sunnyvale, CA 94085-4194

HCL AMERICA INC. 330 Potrero Ave.

009-009104-W2-W2-07020-HCL-1 of 2

Social Security No.: 735-50-5930 Marital Status: Married Exemptions/Allowances: Federal: 2/0 State: 2/0

_, _									
a Employee's social security num	ber d Control number		7 Social secu	rity tips	1 Wages	, tips, other compensation	2 Federa	I income tax withheld	
735-50-5930	021024 WY/0T3					108622.76		14404.44	
c Employer's name, address, and	I ZIP code		8 Allocated tip	os	3 Social s	security wages	4 Social s	security tax withheld	
HCL AMERICA INC.					108622.76			6734.61	
330 Potrero Ave.			9 Verification code			5 Medicare wages and tips		6 Medicare tax withheld	
Sunnyvale, CA 94085-	4194				108622.76			1575.03	
b Employer identification number (EIN) 77–0205035			10 Dependent care benefits		ି 12a See	instructions for box 12 165.12	^C 12b	3721.86	
e Employee's first name and initia		77-0205035							
109 S HAMPTON TERRACE APT 109			13 Statutory Retirement Third-party		14 Other				
			employee	plan sick pay					
EDGEWATER, NJ 070	20								
f Employee's address and ZIP co	de								
15 State Employer's State ID No	16 State wages, tips, etc.	17 State income	tax	18 Local wages, tip	s, etc.	19 Local income tax	20 L	ocality name	
NJ 770-205-035/000	110193.36								

Form W-2 Wage and Tax Statement

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.

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 Department of the Treasury-Internal Revenue Service MB No. 1545-0008 a Employee's social security number d Control number 7 Social security tips 1 Wages, tips, other compensation 2 Federal income tax withheld 735-50-5930 021024 WY/0T3 108622.76 14404.44 c Employer's name, address, and ZIP code 8 Allocated tips 3 Social security wages 4 Social security tax withheld HCL AMERICA INC. 330 Potrero Ave. 108622.76 6734.61 9 Verification code 5 Medicare wages and tips 6 Medicare tax withheld Sunnyvale, CA 94085-4194 108622.76 1575.03 10 Dependent care benefits 12a See instructions for box 12 b Employer identification number (EIN) 77-0205035 3721.86 DD 11 Nonqualified plans 12c 12d e Employee's first name and initial Suff. Last name NACHMA KAUSAR QURESHI 109 S HAMPTON TERRACE APT 109 14 Other 13 Statutory Retirement Third-party plan sick pay employee EDGEWATER, NJ 07020 f 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 770-205-035/000

Federal Copy B - To Be Filed With Employee's FEDERAL Tax Return. **Filing Copy** 008 Form W-2 Wage and Tax Statement Department of the Treasury-Internal Revenue Service

a Employee's social security numb	er d Control number		7 Social secu	rity tips	1 Wages	, tips, other compensation	2 Federa	I income tax withheld
735-50-5930	021024 WY/0T3					108622.76		14404.44
c Employer's name, address, and	ZIP code		8 Allocated tip	os	3 Social	security wages	4 Social s	security tax withheld
HCL AMERICA INC.						108622.76		6734.61
330 Potrero Ave.			9 Verification	code	5 Medica	re wages and tips	6 Medica	re tax withheld
Sunnyvale, CA 94085-4	194					108622.76		1575.03
b Employer identification number (EIN) 77-0205035		10 Dependen	t care benefits	C12a See	instructions for box 12 165.12	C 12b D D	3721.86
e Employee's first name and initial NAGHMA KAUSAR OURESHI		Suff.	11 Nonqualific	ed plans	C 12c	1	C 12d	
109 S HAMPTON TERRACE APT 109				Retirement Third-party plan sick pay	14 Other			
EDGEWATER, NJ 07020 f Employee's address and ZIP cod	e							
15 State Employer's State ID No 1 NJ 770-205-035/000	6 State wages, tips, etc. 110193.36	17 State income	tax	18 Local wages, tip	os, etc.	19 Local income tax	20 L	Locality name

		Year To Date Earnings				Year To Date Deductions			
009-009104-W2-W2-070	20-HCL-2 of 2								
HCL AMERICA INC. 330 Potrero Ave.	40.4								
Sunnyvale, CA 94085-	4194								
Social Security No.: 735–50–5930 Marital Status: NY	State Wages: 108622	2.76							
Married Exemptions/Allowances:									
Federal: 2/0 State: 2/0									
a Employee's social security num	ber d Control number		7 Social secu	rity tips	1 Wages	, tips, other compensation	2 Fede	eral income tax withheld	
735-50-5930	021024 WY/0T3		O Allocated tis		2 Capial a		4 Cools		
c Employer's name, address, and HCL AMERICA INC.	ZIP code		8 Allocated tip	os	3 Social s	security wages	4 SOCIA	al security tax withheld	
330 Potrero Ave. Sunnyvale, CA 94085-	4194		9 Verification	code	5 Medica	re wages and tips	6 Medi	care tax withheld	
-			10 Dependen	t care benefits	C 12a See instructions for box 12		Ç 12b		
b Employer identification number e Employee's first name and initia	7 77 0203033	Suff.	11 Nonqualific	ed plans	[©] 0 12c	1	ି 12d	1	
NAGHMA KAUSAR QI 109 S HAMPTON TER	JRESHI		13 Statutory	Retirement Third-party	d 14 Other		e		
APT 109				plan sick pay		SDI 31.20			
EDGEWATER, NJ 070 f Employee's address and ZIP cod									
15 State Employer's State ID No NY 770205035 7	16 State wages, tips, etc. 108622.76	17 State income	e tax 5247.84	18 Local wages, tip	os, etc.	19 Local income tax	20) Locality name	
	2 Wage and Tax State		Employe	_		'EE'S RECORDS. (See No	i		
OMB No. 1545-0008			Copy	to the Interna	al Revenue	Service. If you are require	d to file	is information is being furnishe a tax return, a negligence pena s taxable and you fail to report i	
2017 OMB No. 1545-0008 Form W	-2 Wago and Tay States	mont	State Filing Co			With Employee's State, Ci		ocal Income Tax Return.	
a Employee's social security num	ber d Control number	illelit.	7 Social secu			asury-Internal Revenue Se , tips, other compensation			
735-50-5930 c Employer's name, address, and	021024 WY/0T3		8 Allocated ti	ns	108622.76 3 Social security wages		14404.44 4 Social security tax withheld		
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330 Potrero Ave. Sunnyvale, CA 94085-	4194		9 Verification	code	5 Medica	re wages and tips 108622.76	6 Medicare tax withheld 1575.03		
b Employer identification number	(EIN) 77-0205035		10 Dependen	t care benefits	C 12a See	instructions for box 12	C 12b		
e Employee's first name and initia		Suff.	11 Nonqualifi	ed plans	C 12c	1	C 12d	1	
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f Employee's address and ZIP co		I 4 7 0 1 1 1	<u> </u>		L	[40]	100	0.1	
15 State Employer's State ID No NY 770205035 7	108622.76	17 State income	e tax 5 247.84	18 Local wages, tip	os, etc.	19 Local income tax	20	0 Locality name	
2017			Federal						
OMB No. 1545-0008 Form W-	2 Wage and Tax State	ment	Filing Co			With Employee's FEDERA asury-Internal Revenue Se		Return.	
a Employee's social security num 735-50-5930			7 Social secu			, tips, other compensation		eral income tax withheld	
c Employer's name, address, and			8 Allocated ti	ps	3 Social s	security wages	4 Socia	al security tax withheld	
HCL AMERICA INC. 330 Potrero Ave. Sunnyvale, CA 94085-4194		9 Verification code		5 Medicare wages and tips		6 Medicare tax withheld			
		10 Dependent care benefits		C12a See instructions for box 12		C 12b			
b Employer identification number (EIN) 77–0205035 e Employee's first name and initial Last name Suff.		11 Nonqualified plans		C12c		[d] □ 12d			
NAGHMA KAUSAR QURESH 109 S HAMPTON TERRAC	I		13 Statutory Retirement Third-party		14 Other		e	d e	
APT 109	_			plan sick pay		SDI 31.20			
EDGEWATER, NJ 07020 f Employee's address and ZIP co 15 State Employer's State ID No		17 State income		18 Local wages, tip		19 Local income tax		0 Locality name	

Notice to Employee

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 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 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 cannot take the EIC if your investment income is more than the specified amount for 2017 or if income is earned for services provided while you were an inmate at a penal institution. For 2017 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 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 railroad refirement (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 \$4,630.50 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Pub. 505, Tax Withholding 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 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, your social security it tips will be credited to your social security record (used to figure your benefits). Your social security in the will your return. The code is not entered on paper-filed returns. By the your social security is the prompted by your software. This code assists the your social security is the prompted by your software. This code assists the your social security is the 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, Carleteria) plan). Any amount over \$5,000 is also included in box 1. Complete Form 244 in Child and Dependent Care Expendent A your which you will not you have a compensation or inorgovernmental 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 for (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan for (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan for (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan for (b) included in box 3 and/or 5 if it is

should file Form SSA-131, Employer Report of Special wage Paymetins, wint the Social Security Auditinistic actors.

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 AB, 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 H are limited to \$7,000.

However, if you were at least age 50 in 2017, 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 limits to included in 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.

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 milliary 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).

—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 and Institution amount.

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

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.

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