

Year To Date Earnings

Group Term Life > \$50,000	3.22
Engagement Performance Bonus	4712.06
Base Salary	5062.50
Termination Vacation	893.14

Year To Date Deductions

Group Term Life > \$50,000	3.22
Voluntary Life Insurance	132.59

011-018423-W2-W2-08844-HCL

Social Security No.:
XXX-XX-7311

a Employee's social security number XXX-XX-7311	d Control number 062076 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 10670.92	2 Federal income tax withheld 1535.27	
c Employer's name, address, and ZIP code HCL AMERICA INC. 2600 Great America Way, suite 401 Santa Clara, CA 95054		8 Allocated tips	3 Social security wages 10670.92	4 Social security tax withheld 661.60	
		9	5 Medicare wages and tips 10670.92	6 Medicare tax withheld 154.73	
		10 Dependent care benefits	12a See instructions for box 12 C 3.22	12b	
b Employer identification number (EIN) 77-0205035	e Employee's first name and initial Last name Suff. SIRISHA MADAPALLI 25 BLOOMINGDALE DRIVE 1B HILLSBOROUGH, NJ 08844	11 Nonqualified plans	12c	12d	
f Employee's address and ZIP code		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14 Other NJ-FLI 3.04 NJ-UHW 21.52		
15 State Employer's State ID No NJ 770-205-035/000	16 State wages, tips, etc. 10670.92	17 State income tax 541.38	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

2023 Form W-2 Wage and Tax Statement
OMB No. 1545-0008

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.

2023 Form W-2 Wage and Tax Statement
OMB No. 1545-0008

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 XXX-XX-7311	d Control number 062076 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 10670.92	2 Federal income tax withheld 1535.27	
c Employer's name, address, and ZIP code HCL AMERICA INC. 2600 Great America Way, suite 401 Santa Clara, CA 95054		8 Allocated tips	3 Social security wages 10670.92	4 Social security tax withheld 661.60	
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f Employee's address and ZIP code		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14 Other NJ-FLI 3.04 NJ-UHW 21.52		
15 State Employer's State ID No NJ 770-205-035/000	16 State wages, tips, etc. 10670.92	17 State income tax 541.38	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

2023 Form W-2 Wage and Tax Statement
OMB No. 1545-0008

Federal Filing Copy Copy B - To Be Filed With Employee's FEDERAL Tax Return.
Department of the Treasury-Internal Revenue Service.

a Employee's social security number XXX-XX-7311	d Control number 062076 WY/OT3	7 Social security tips	1 Wages, tips, other compensation 10670.92	2 Federal income tax withheld 1535.27	
c Employer's name, address, and ZIP code HCL AMERICA INC. 2600 Great America Way, suite 401 Santa Clara, CA 95054		8 Allocated tips	3 Social security wages 10670.92	4 Social security tax withheld 661.60	
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15 State Employer's State ID No NJ 770-205-035/000	16 State wages, tips, etc. 10670.92	17 State income tax 541.38	18 Local wages, tips, etc.	19 Local income tax	20 Locality name