

## EEOC Information

Please complete the following information, which is used by Syntel Inc. for reporting to the Equal Employment Opportunity Commission. (All employers with 15 or more employees are required to keep employment records as specified by Commission regulations)

The Categories for race and ethnic background have been established by the Office of Federal Statistical Policy and Standards to assure uniform reporting to all Federal agencies.

Check the block for racial or ethnic group with which you identify:

- ☒ I do not wish to Disclose
- ☐ Two or more races (Not Hispanic or Latino)
- ☐ Hispanic or Latino (includes person of Cuban, Mexican, Chicano, Puerto Rican, Central or South American or other Spanish origin or culture)
- ☐ White (not Hispanic or Latino - includes person of origin in Europe, Middle East or North Africa)
- ☐ Black or African American (not Hispanic or Latino - includes a person of origin in any black racial groups of Africa)
- ☐ Asian (not Hispanic or Latino - includes person of origin in Far East, Southeast Asia, or the Indian subcontinent, includes Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam).
- ☐ American Indian or Alaskan Native (not Hispanic or Latino includes person of origin of North, Central, South America who maintain tribal affiliation or Community attachment)
- ☐ Native Hawaiian or other Pacific Islander (not Hispanic or Latino - includes person of Hawaii, Guam, Samoa or other Pacific Islands)

Check the block for the highest level of education you have completed (check only one):

- ☐ Less than 8th grade
- ☐ Completed 8th grade
- ☐ High school graduate or equivalent
- ☐ Attended college and/or associate degree
- ☒ College graduate
- ☐ Attended graduate school
- ☐ Master's Degree
- ☐ Graduate study beyond Master's degree
- ☐ Ph.D. or professional degree

Check the appropriate block:

Gender

- ☒ Male
- ☐ Female

Disabled

- ☒ No
- ☐ Yes

If Yes, nature of disability

Veteran:

- ☒ No
- ☐ Yes
- ☐ Vietnam Era

Foreign national

- ☐ No
- ☒ Yes

Please Note: If you are of mixed/ethnic background, choose the category with which you most closely identify yourself. Submission of this information is voluntary. Inputs submitted by you will be kept confidential by the Human Resource department and shall be used only for complying with the government requirements

*M. Ibrahim*  
**MOHAMED IBRAHIM**  
 Name (please print) and Sign

**3/13/2019**  
 Date

**Consultant**  
 Position (Job Title)



# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2019 if both of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and

- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form **W-4**

Department of the Treasury  
Internal Revenue Service

## Employee's Withholding Allowance Certificate

Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

OMB No. 1545-0074

**2019**

1 Your first name and middle initial <b>MOHAMED IBRAHIM</b>		Last name <b>MOHAMED ABDUL KADAR</b>		2 Your social security number <b>795390635</b>	
Home address (number and street or rural route) <b>APT-531, 1409, Roper Mountain Road</b>				3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.	
City or town, state, and ZIP code <b>Greenville, SC - 29615</b>				Note: If married filing separately, check "Married, but withhold at higher Single rate."	
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>	
6 Additional amount, if any, you want withheld from each paycheck . . . . .				5	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . . . . .				6 \$	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) <b>M. Kadar</b>				7	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				9 First date of employment	
				10 Employer identification number (EIN)	

Date - **3/13/2019**

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 10220Q

Form **W-4** (2019)





**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) <b>KADAR</b>		First Name (Given Name) <b>MOHAMED IBRAHIM</b>		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name) <b>APT-531, 1409 ROPER</b>		City or Town <b>GREENVILLE</b>	State <b>SC</b>	ZIP Code <b>29615</b>		
Date of Birth (mm/dd/yyyy) <b>07/16/1985</b>	U.S. Social Security Number <b>795-39-0635</b>	Employee's E-mail Address <b>lbbusob@gmail.com</b>		Employee's Telephone Number <b>8643459595</b>		

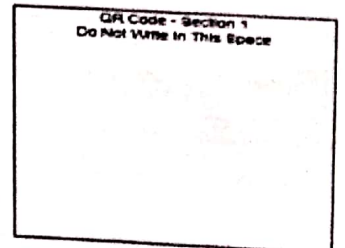
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
<input checked="" type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <b>06/24/2021</b> Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: OR 2. Form I-94 Admission Number: OR 3. Foreign Passport Number: Country of Issuance:	<b>EAC 1820651277</b> <b>72472103056</b> <b>IN6443279</b>
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Signature of Employee <i>[Signature]</i>	Today's Date (mm/dd/yyyy) <b>3/13/2019</b>
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**Preparer and/or Translator Certification (check one):**

☒ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

Employer Completes Next Page





**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 03/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) <b>MOTAMED ABDUL KADAR</b>	First Name (Given Name) <b>MOTAMED IBRAHIM</b>	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write in This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State	ZIP Code

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**


Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## Authorization Agreement for Automatic Deposits (ACH Credits)

I hereby authorize SYNTEL, INC. (The Company, hereinafter referred to as the Company) to make deposits from time to time in the account identified below at CHASE (Depository Financial Institution, hereinafter referred to as DFI) and authorize the DFI to accept these deposits. Adjusting entries to correct errors are also authorized. It is agreed that these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the Company. I acknowledge receipt of a filled-in copy of this Authorization.

Name of DFI <b>CHASE</b>	DFI's Routing & Transit No. <b>322271627</b>	Account No. to Credit <b>919923586</b>	Type of Account <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name <b>MOHAMED CHASE IBRAHIM MOHAMED ABDUL KADAR</b>	Address <b>2166 Hawthorne Blvd</b>	City <b>Torrance</b>	State <b>CA</b>	Zip Code <b>90503</b>
Signature 	Date <b>3/13/2019</b>	Social Security Number <b>795-39-0635</b>		

**PLEASE ATTACH VOIDED CHECK TO THIS AUTHORIZATION**

**Note:**  
If needed, you can credit your salary in 2 Bank Accounts, Please fill two DDF's and mention the amounts of credit on each form. Example: Bank of America account (USD XXXX) and Chase Account (USD XXXX)