## FORM W-2 Wage and Tax Statement Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

Dept. of the Treasury • Internal Revenue Service

This information is being furnished to the internal Revenue Service. If you are required to file a lax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these document

Federal Box 1 Soc. Sec. Box 3 and 7 Medicare Box 5 The white copies of the W-2 forms are for your tax returns, the blue copy is for your records. General instructions, including an explanation of the letter codes in box 12, are on the other side of the page. Gross Wages 44742.09 44742.09 44742.09 Txbl Benefits Group Term Life 10.80 10.80 Adoption Deferred Comp (978 68) To the right is an explanation of your W-2 wages. Please note that the Gross amount Section 125 (1582.61) (1582.61)(1582.61) Other Pretax/Wage Limit may include adjustments. W-2 Wages 42191.60 43170.28 001244157601 2020 OMB NO. 1545 - 0008 42191.60 7374.27 36-2440683 762-16-9497 43170.28 2676.56 Schneider Electric USA, Inc 43170.28 625.97 200 N Martingale Rd Schaumburg IL 60173 SOCIAL SECURITY TIPS 8 ALLOCATED TIPS Statutory Third-Party Sick Pay X IPLOYEE'S FIRST NAME AND INITU 937.49 Priyanka 277 Prestwick Way Edison NJ 0882 QUALIFIED PLANS Neelam C 10.80 08820 D 978.68 USA W 981.25 DD 2030.93 IS STATE 362-440-683/000 6. STATE WAGES, TH OME TAX 1792.55 31968.13 20. LOCALITY NAME FOLD AND TEAR ALONG PERFORATION 001244157601 OMB NO. 1545 - 0008 42191.60 7374.27 SECURITY NUMBER 36-2440683 762-16-9497 43170.28 2676.56 Schneider Electric USA, Inc. 6. MEDICARE TAX WITHHELD 43170.28 200 N Martingale Rd 625.97 Schaumburg IL 60173 8. ALLOCATED TIPS 10. DEPENDENT CARE BENEFIT: EMPLOYEE'S FIRST NAME AND INITIAL Priyanka 277 Prestwick Way Edison NJ 08820 USA 937.49 Neelam CD 10.80 14 OTHER 978.68 981.25 W DD 2030.93 13. Statutory Employee Third-Party Sick Pay Ret X 31968.13 362-440-683/000 NJ 1792.55 Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return FORM W-2 Wage and Tax Statement 5050

FOLD AND TEAR ALONG PERFORATION

001244157601	This information is being furn Internal Revenue Service	oMB N	O. 1545 - 0008	1. WAGES, TI	PS, OTHER, COMPENSATION	2191.60	2. FEDERAL INCOM	E TAX WITHHELD	7374.27										
B. EMPLOYER BENTIFICATION NUMBER A EMPLOYEE'S SOCIAL SECURITY NUMBER 762-16-9497				3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY Y			Y TAX WITHHELD	2676.56											
C. EMPLOYEES NAME ADDRESS AND ZIP CODE SChneider Electric USA, Inc 200 N Martingale Rd Schaumburg IL 60173  E. EMPLOYEES FIRST NAME AND INITIAL Priyanka Neelam 277 Prosphilish Way					WAGES AND TIPS	3170.28	6. MEDICARE TAX V	625.97											
					7. SOCIAL SECURITY TIPS  9			10. DEPENDENT CARE BENEFITS  12.3-3  C 10.8											
											277 Prestwick Way Edison NJ 08820 USA				14. OTHER				978.68 981.25 2030.93
											EMPLOYEE'S ADDRESS AND ZIP CODE								Retirement Plan
	0-683/000	31968.13	17. STATE INCOME TAX	792.55	18. LOCAL WAGES, TIPS, ETC.	19 LOCAL IN	COME TAX	20. LOCALITY NAM											

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D. CONTROL N 001244	1157601	This information is being furnished to the Internal Revenue Service		OMB NO	D. 1545 - 0008	1 WAGES, TIPS, OTHER, COMPENSATION 42191,60		2. FEDERAL INCOM	7374.27		
B. EMPLOYER IDENTIFICATION NUMBER         A. EMPLOYEE'S SOCIAL SECURITY NUMBER           36-2440683         762-16-9497					3. SOCIAL SECURITY WAGES 43170.28			4. SOCIAL SECURITY TAX WITHHELD 2676.56			
Schneid	C EMPLOYER'S NAME ADDRESS AND EP CODE Schneider Electric USA, Inc					5. MEDICARE	WAGES AND TIPS	43170.28	6. MEDICARE TAX WITHHELD 625		
200 N Martingale Rd Schaumburg IL 60173					7 SOCIAL SECURITY TIPS			8. ALLOCATED TIPS			
					9			10. DEPENDENT CARE BENEFITS 937,49			
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Priyanka Neelam					II NONQUALIFIED PLANS  14 OTHER			12 a-d	С	10.80	
277 Prestwick Way Edison NJ 08820 USA				D W DD				978.68 981.25 2030.93			
F. EMPLOYEE'S A	F EMPLOYEE'S ADDRESS AND ZIP CODE								13. Statutory Employee		X Third-Party Sick Pay
NJ	362-440-6		16. STATE WAGES, TIPS,	етс. 31968.13	17. STATE INCOME TAX	792.55	IB. LOCAL WAGES, TIPS, ETC.	IP LOCAL I	COME TAX	20. LOCALITY NA	ME

Copy B To be filed with Employee's FEDERAL tax return FORM W-2 Wage and Tax Statement 5050

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