								Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5		
To the right is an explanation of the contents of the wage boxes on your W-2. Please note that the Gross amount shown may include adjustments.							2S	117705.4				
riedse note that	the Gross amoun	ic snown may	include 6	aujustiileii	Txbl Benefit		313.4					
						Group Term	Life	192.8	34 192.8	192.84		
						Adoption						
						Deferred Comp						
						Section 125	;	(6387.8	4) (6387.8	4) (6387.84)		
						Other Preta	x/Wage Limit	(28.2	0) (28.20	0) (28.20)		
					W-2 Wages		111795.	74 111795.74				
D. CONTROL NUMBER 000012735101	This Information is being furnished to the Internal Revenue Service 2020 OMB NO. 1545				. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 111795.74			2. FEDERAL INCOME TAX WITHHELD 19837.95			
B. EMPLOYER IDENTIFICA	B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER					3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD			
84-3098448		502-41-0762					11179	95.74		6931.34		
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WITH	HHELD		
Hitachi Vantara LLC							11179	95.74		1621.04		
2535 Augustine Drive Santa Clara CA 9505						7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS			
						9. 10. DEPENDENT CARE BENEFITS						
E. EMPLOYEE'S FIRST NA	ME AND INITIAL	LAST NA	ME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	192.84		
PavanKumar R		Mallire	ddy						w	2837.50		
5043 148th AVE NE Apt I-101						14. OTHER DD			19304.28			
Bellevue WA 98007 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY RETIR PLAN	EMENT X THIRD PARTY SICK PAY		
15. STATE EMPLOYER'S STATE I.D. NO. 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME T						AX	18. LOCAL WAGES,	TIPS, ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME		

D. CONTROL NUMBER	This Information is	being furnished				1. WAGES, TI	PS, OTHER COMPEN	SATION	2. FEDERAL INCOME TA	XX WITHHELD		
000012735101	to the Internal Rev	evenue Service 20		OMB NO. 1545-0	B NO. 1545-0008	111795.74				19837.95		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
84-3098448 502-41-0762						111795.74			6931.34			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE							5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD		
Hitachi Vantara LLC							11179	95.74		1621.04		
2535 Augustine Drive Santa Clara CA 95054						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS			
						9.			10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST I	NAME AND INITIAL	LAST N	AME	Ş	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	192.84		
PavanKumar R Mallireddy								w	2837.50			
5043 148th AVE NE Apt 1-101 Bellevue WA 98007						14. OTHER DD				19304.28		
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY RETI	REMENT X THIRD PARTY SICK PAY		
15. STATE EMPLOYER'S STATE I.D. NO. 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME			OME T	AX	18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME				

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2020

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

	ition is being furnished nal Revenue Service	2020 OF	MB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION 111795.74	2. FEDERAL INCOME T	AX WITHHELD 19837.95		
B. EMPLOYER IDENTIFICATION NUMBE	R A. EMPLOYEE'S	SOCIAL SECURIT	TY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY	4. SOCIAL SECURITY TAX WITHHELD		
84-3098448	502-41-0762				111795.74		6931.34		
C. EMPLOYER'S NAME, ADDRESS, AND	ZIP CODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD		
Hitachi Vantara LLC					111795.74		1621.04		
2535 Augustine Drive Santa Clara CA 95054				7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
				9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.				11. NONQUAL	IFIED PLANS	12.a-d C	192.84		
PavanKumar R Mallireddy						W	2837.50		
5043 148th AVE NE						DD	19304.28		
Apt I-101 Bellevue WA 98007									
USA F. EMPLOYEE'S ADDRESS AND ZIP COD	E					13. STATUTORY RET	REMENT X THIRD PARTY SICK PAY		
15. STATE EMPLOYER'S STATE I.D.	NO. 16. STATE WAG	ES, TIPS, ETC.	17. STATE INCOME T	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		

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Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000012735101		mation is being furnished ernal Revenue Service 2		OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION 111795.74			2. FEDERAL IN	2. FEDERAL INCOME TAX WITHHELD 19837.95			
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER							3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD			
84-3098448 502-41-0762							111795.74			6931.34			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE							5. MEDICARE WAGES AND TIPS				6. MEDICARE TAX WITHHELD		
Hitachi Vantara LLC						111795.74				1621.04			
2535 Augustine Drive Santa Clara CA 95054						7. SOCIAL SECURITY TIPS			8. ALLOCATED	8. ALLOCATED TIPS			
							9.			10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST NAM	ME AND INITIAL	LAST NA	ME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C		192.84		
PavanKumar R		Mallire	ddy						w		2837.50		
5043 148th AVE NE Apt I-101 Bellevue WA 98007						14. OTHER			DD		19304.28		
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15. STATE EMPLOYER'S	STATE I.D. NO.	16. STATE WAG	ES, TIPS, ET	C. 17.	STATE INCOME T	AX	18. LOCAL WAGE	S, TIPS, ETC.	19. LOCAL INCOM	E TAX	20. LOCALITY NAME		