Year To Date Earnings

123050.40 Regular - Non Exempt Holiday Pay 5711.20 Paid Time Off 5711.20 Birthday Day Off 519.20 CR Gift Award 1663.34 39.22 Service Award Gross-Up PLI Year-end Bonus 4129.06 RSU/PSU Stock 10543.20 Life Insurance Imputed Income 168.48

Year To Date Deductions

401(k) PreTax Reg	6952.37
Medical Kaiser (EE)	376.22
Dental MetLife (EE)	131.82
Vision (EE)	29.12

Social Security No.: XXX-XX-5662

006-I44408-W2-95134-CIS-20C

Cisco Systems, Inc.

170 West Tasman Drive

San Jose, CA 95134-1706

a Employee's social security number	d Control number		7 Social secu	urity tips		1 Wages	tips, oth	ner compensation	2 Federa	I income tax withheld
XXX-XX-5662	107450 WY/2H6							144045.77		27387.08
Employer's name, address, and ZIP code		8 Allocated tips			3 Social security wages			4 Social s	security tax withheld	
Cisco Systems, Inc.						38134.86			2364.36	
170 West Tasman Drive San Jose, CA 95134-1706			9			5 Medicare wages and tips			6 Medicare tax withheld	
								38134.86		552.96
b Employer identification number (EIN)	77-0059951		10 Dependen	nt care ber	nefits	[©] 12a See d	instruct	ions for box 12 168.48	C 12b	6952.37
e Employee's first name and initial Last name Su PUSHKAR INDRADAS MADRAP		Suff.	11 Nonqualified plans		C 12c		6126.84	C 12d		
3401 IRON POINT DR APT 271				Retirement plan	Third-party sick pay	14 Other CAV	PDI	1229.09		
SAN JOSE, CA 95134 f Employee's address and ZIP code				x		RS-	STK	10543.20		
15 State Employer's State ID No 16 St. CA 321-0097-6	ate wages, tips, etc. 144045.77	17 State income	tax 138.15	18 Loca	l wages, tip	s, etc.	19 Loca	al income tax	20 L	ocality name

2020

Form W-2 Wage and Tax Statement

Employee's Copy

Employee's 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.

2020
DMB No. 1545-0008 Form W-2 Wage and Tax Statement State
Filing Copy

State
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	d Control number		7 Social secu	rity tips	1 Wages	, tips, other compensation	2 Federa	
XXX-XX-5662	107450 WY/2H6					144045.77		27387.08
c Employer's name, address, and ZIP	code		8 Allocated tip	os	3 Social s	security wages	4 Social :	security tax withheld
Cisco Systems, Inc.						38134.86		2364.36
170 West Tasman Drive		9		5 Medica	re wages and tips	6 Medica	re tax withheld	
San Jose, CA 95134-1706						38134.86		552.96
b Employer identification number (EIN)	77-0059951		10 Dependen	t care benefits	ä	instructions for box 12	C 12b	6952.37
b Employer lacrimoduler namber (Em)	/ //-005995I		44.11 110		e C	168.48	e D	0952.37
e Employee's first name and initial	11 Nonqualifie	ed plans	12c	C10C 04	o 12d	1		
PUSHKAR INDRADAS MADRAP					e D D	6126.84	е	
3401 IRON POINT DR				Retirement Third-party	14 Other			
APT 271			employee	plan sick pay	CAV	PDI 1229.09		
SAN JOSE, CA 95134				x	RS-	STK 10543.20		
f Employee's address and ZIP code								
15 State Employer's State ID No 16 St	tate wages, tips, etc.	17 State income	tax	18 Local wages, tip	os, etc.	19 Local income tax	20 L	ocality name
CA 321-0097-6	144045.77	11:	138.15					

2020

Som W-2 Wage and Tax Statement

Federal

Filing Copy

Federal

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

Department of the Treasury-Internal Revenue Service.

a Employee's social security numb			7 Social secu	ırity tips	1 Wages		2 Federal income tax withheld
XXX-XX-5662	107450 WY/2H6					144045.77	27387.08
c Employer's name, address, and a	IP code		8 Allocated ti	ps	3 Social s	security wages	4 Social security tax withheld
Cisco Systems, Inc.						38134.86	2364.36
170 West Tasman Drive			9		5 Medica	re wages and tips	6 Medicare tax withheld
San Jose, CA 95134-17	06					38134.86	552.96
b Employer identification number (EIN) 77-0059951		10 Dependen	nt care benefits	C12a See	instructions for box 12 168.48	© 12b
e Employee's first name and initial PUSHKAR INDRADAS MADR	Last name	Suff.	11 Nonqualifi	ed plans	C12c d DD	6126.84	C 12d
3401 IRON POINT DR APT 271 SAN JOSE, CA 95134 f Employee's address and ZIP code	-			Retirement Third-party plan sick pay		7PDI 1229.09 STK 10543.20	
15 State Employer's State ID No 1 CA 321-0097-6	6 State wages, tips, etc. 144045.77	17 State income	tax 138.15	18 Local wages, tip	s, etc.	19 Local income tax	20 Locality name

Notice to Employee
Do you have to file? Refer to the Instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. Even 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

a tax return. Even 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 (EIC). You may be able to take the EIC for 2020 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 2020 or if income is earned for services provided while you were an inmate at a penal institution. For 2020 income limits and more information, visit www.irs.govietic. See also 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 ask the employer for life form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Grome your employer for life form your employer for any one and so you may file them with your tax return. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 1-800-712-71213. You may also visit the SSA at www.socialsecurity.gov.

also 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.

Credit for excess taxes, if you had more than one employer in 2020 and more than 18,537,40 in social security and/or Tier 1 railroad retirement (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 \$5,012.70 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax Withholding and Estimated Tax.

Instructions for Employee

Instructions for Employee

Box 1. 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 Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips showe \$200,000.

Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Instructions for Forms 1040 and 1040-SR.

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 with adequate records 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. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified of 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 or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or 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 or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a

should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

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 \$19,500 (\$13,500 if you only have SIMPLE plans; \$22,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,500. Deterrals under code H are limited to \$7,000. Your employer may have allowed an additional deferral of \$19,500. \$10,000 (\$1

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 millitary 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 or 1040-SR. See th ructions for Forms 1040 and 1040-SR.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

1040 and 1040-SR.
—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 retirement account that is part of a section 401(k) arrangement effective 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 any reduction SEP
—Elective deferrals under a section 408(b) salary reduction SEP

compensation plan

Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Instructions for Forms
1040 and 1040-SR for how to deduct.

1040 and 1040-SR for how to deduct.

J Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Instructions for Forms 1040 and 1040-SR.

—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms1040 and 1040-SR.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5) P—Excludable intoving expense remined sometimes and in box 1, 3 or 5):

Q—Nontaxable combat pay. See the Instructions for Forms 1040 and 1040-SR for details on reporting this

Q—Nontaxable corribat μαy. See the monotonial amount.

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

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 (HSAs).

—Deferrats under a section 409A nonqualified deferred compensation plan

—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 the Instructions for Forms 1040 and 1040. Sesignated Roth contributions under a section 403(b) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—cost of employer-sponsored health coverage. The amount reported with Code DD is not taxable.

EE—Designated Roth contributions under a section 457(b) plan. This amount does not apply to contributions under a descendent 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

GG-Income from qualified equity grants under section 83(i)

HH-Aggregate deferrals under section 83(i) elections as of the close of the calendar year

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.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filling your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

IF NEEDED. PLEASE MAKE A COPY OF YOUR STATE OR FEDERAL FILING COPY FOR USE WITH YOUR CITY OR LOCAL TAX FILING