									Federal	Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5	
		explanation of t					Gross Wage	es	91	275.2	28 90275.2	28 90275.28	
Please	note that t	he Gross amour	nt shown may	include a	djustmen	its.	Txbl Benefit	ts	:	355.8	35 1355.8	35 1355.85	
							Group Term	Life					
							Adoption						
							Deferred Co	omp	(4	038.44	4)		
							Section 125	;	(1	335.76	5) (1335.7	6) (1335.76)	
							Other Preta	x/Wage Lir	mit (1	355.85	5) (1355.8	5) (1355.85)	
							W-2 Wages		8-	1901.0	88939.	52 88939.52	
D. CONTROL	NUMBER	This Information is	being furnished		ON AR NO). 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION				2. FEDERAL INCOME TA	X WITHHELD	
000008780	0801	to the Internal Reve	enue Service	2021	OIVIB INC	0. 1545-0008			84901.08			8509.10	
		TION NUMBER	A. EMPLOYEE'S	SOCIAL SECU	JRITY NUME	BER	3. SOCIAL SE	CURITY WAG			4. SOCIAL SECURITY TA		
82-236187			325-69-8654				88939.52					5514.25	
		DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND			6. MEDICARE TAX WIT		
Nikola Cor									88939.52			1289.62	
Phoenix AZ	oadway Rd Z 85040						7. SOCIAL SECURITY TIPS				8. ALLOCATED TIPS		
							9.				10. DEPENDENT CARE BENEFITS		
	ele electrica					01155	44 1101101111				10 1		
Gunasekha		IE AND INITIAL	LAST NA Karnat			SUFF.	11. NONQUAL	IFIED PLANS			12.a-d D W	4038.44 2105.85	
			Karriac	IIIIII			44.07050				W DD	6987.36	
36821 Bla Apt 201	nchard Blvd	1					14. OTHER 14	-RSU	1335	2.08	טט	6987.36	
	n MI 48335												
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE											13. STATUTORY RETIR	EMENT X THIRD PARTY SICK PAY	
15. STATE	EMPLOYER'S	STATE I.D. NO.	16. STATE WAGE			STATE INCOME T		18. LOCAL	WAGES, TIPS, ETC	. 19.	LOCAL INCOME TAX	20. LOCALITY NAME	
MI	82-23618	76		8865.	.26		376.78						

D. CONTROL NUMBER 000008780801	This Information is to the Internal Rev		2021	OMB N	O. 1545-0008	1. WAGES, T	PS, OTHER COM	MPENSATION 84901.08		2. FEDERAL INCOME TAX WITHHELD 8509.10		.0
B. EMPLOYER IDENTIFICA	TION NUMBER	A. EMPLOYEE'S	SOCIAL SEC	URITY NUN	1BER	3. SOCIAL SE	CURITY WAGE	5		4. SOCIAL SECURITY TAX WITHHELD		
82-2361876		325-69-8654				88939.52				5514.25		
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C			5. MEDICARE	WAGES AND	TIPS		6. MEDICARE TAX WIT	HHELD			
Nikola Corporation						88939.52			1289.6	2		
4141 E. Broadway Ro Phoenix AZ 85040	I		7. SOCIAL SECURITY TIPS				8. ALLOCATED TIPS					
			9.				10. DEPENDENT CARE BENEFITS					
E. EMPLOYEE'S FIRST NA	ME AND INITIAL	LAST NA	AME		SUFF.	11. NONQUAL	IFIED PLANS			12.a-d D		4038.44
Gunasekhar		Karnat	ham							w		2105.85
36821 Blanchard Blv	d					14. OTHER 14	-RSU	13352.	08	DD		6987.36
Apt 201												
Farmington MI 4833	5									13. STATUTORY RETIR	EMENT X TH	IRD PARTY
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE										EMPLOYEE PLAN		K PAY
15. STATE EMPLOYER	S STATE I.D. NO.	16. STATE WAG	ES, TIPS, ET	TC. 17	7. STATE INCOME	TAX	18. LOCAL W	AGES, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY	NAME
MI 82-23618	376		8865.	.26		376.78						

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Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER	This Information is to the Internal Rev		2021	OMB NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSAT		2. FEDERAL INCOME TA			
000008780801	to the internal Key	enue Service	2021			84901.	.08	8509.10			
B. EMPLOYER IDENTIFI	CATION NUMBER	A. EMPLOYEE'S	SOCIAL SECU	RITY NUMBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD			
82-2361876		325-69-8654			88939.52				5514.25		
C. EMPLOYER'S NAME,	ADDRESS, AND ZIP O	ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	THHELD		
Nikola Corporation						88939.	.52		1289.62		
4141 E. Broadway Phoenix AZ 85040	Rd				7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS			
					9.			10. DEPENDENT CARE	BENEFITS		
E. EMPLOYEE'S FIRST N	AME AND INITIAL	LAST N	AME	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d D	4038 44		
E. EMPLOYEE'S FIRST N Gunasekhar	AME AND INITIAL	LAST NA Karna		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d D W	4038.44 2105.85		
Gunasekhar				SUFF.	`		13352 08		4038.44 2105.85 6987.36		
				SUFF.	11. NONQUAL 14. OTHER 14		13352.08	w	2105.85		
Gunasekhar 36821 Blanchard B	lvd			SUFF.	`		13352.08	W DD	2105.85 6987.36		
Gunasekhar 36821 Blanchard B Apt 201	lvd 35			SUFF.	`		13352.08	W DD	2105.85 6987.36		
Gunasekhar 36821 Blanchard B Apt 201 F. EMPLOYEE'S ADDRE	lvd 35		tham		14. OTHER 14			W DD	2105.85 6987.36		

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Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

	EMPLOYER'S STATE I.D. No 82-2361876). 16. STATE WAG	8865.2		7. STATE INCOME	376.78	18. LOCAL W	AGES, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NAME	
	'S ADDRESS AND ZIP CODE						EMPLOYEE PLAN					
36821 Blan Apt 201	chard Blvd					14. OTHER 14	-RSU	13352	.08	DD	6987.36	
Gunasekhai	r	Karna	tham							w	2105.85	
E. EMPLOYEE	'S FIRST NAME AND INITIAL	LAST N	AME		SUFF.	11. NONQUAL	IFIED PLANS			12.a-d D	4038.44	
						9.				10. DEPENDENT CARE	BENEFITS	
4141 E. Bro Phoenix AZ						7. SOCIAL SEC	URITY TIPS			8. ALLOCATED TIPS		
Nikola Corp	oration							88939.52			1289.62	
C. EMPLOYER	'S NAME, ADDRESS, AND Z				5. MEDICARE	WAGES AND	TIPS		6. MEDICARE TAX WI	THHELD		
82-2361876		325-69-8654			.DEN	88939.52				n soom to second 1	5514.25	
B. EMPLOYER	IDENTIFICATION NUMBER	A. EMPLOYEE'S	SOCIAL SECU	JRITY NUM	1BFR	3, SOCIAL SECURITY WAGES				4. SOCIAL SECURITY TAX WITHHELD		
D. CONTROL I	Tina miorinati	on is being furnished Revenue Service	2021	OMB N	O. 1545-0008	1. WAGES, TI	PS, OTHER COI	MPENSATION 84901.08		2. FEDERAL INCOME TA	AX WITHHELD 8509.10	

D. CONTROL 000008780		This Information is to the Internal Rev		2021	OMB NO. 1545-000	3 1. WAGES, T	IPS, OTHER COMPENSATI	ON	2. FEDERAL INCOME TA	X WITHHELD		
B. EMPLOYER 82-236187		TION NUMBER	A. EMPLOYEE'S 325-69-8654	SOCIAL SECU	JRITY NUMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY TA	4. SOCIAL SECURITY TAX WITHHELD		
C. EMPLOYER	R'S NAME, A	DDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	HHELD		
Nikola Corp												
4141 E. Bro Phoenix AZ						7. SOCIAL SE	CURITY TIPS		8. ALLOCATED TIPS			
						9.			10. DEPENDENT CARE BENEFITS			
		IE AND INITIAL	LAST NA		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d			
Gunasekha	ır		Karnat	:ham								
36821 Blar Apt 201 Farmingtor						14. OTHER						
USA		AND ZIP CODE							13. STATUTORY RETIR	EMENT X THIRD PARTY SICK PAY		
15. STATE		S STATE I.D. NO.	16. STATE WAGE	ES, TIPS, ET	C. 17. STATE INCOME	TAX	18. LOCAL WAGES, TIP	S. ETC. 19	LOCAL INCOME TAX	20. LOCALITY NAME		
AZ	08223618			84901.		4329.91						

D. CONTROL 000008780		This Information is to the Internal Rev		2021	ОМВ	NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENSATION	2. FEDERAL INCOME	TAX WITHHELD		
B. EMPLOYE 82-236187	ER IDENTIFICA 76	TION NUMBER	A. EMPLOYEE'S 325-69-8654		CURITY NU	JMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY	4. SOCIAL SECURITY TAX WITHHELD		
Nikola Cor	rporation	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX W	/ITHHELD		
4141 E. Br Phoenix AZ	roadway Rd Z 85040						7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
							9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYE Gunasekha		ME AND INITIAL	LAST NA Karnat			SUFF.	11. NONQUAL	IFIED PLANS	12.a-d			
36821 Blanchard Blvd Apt 201 Farmington MI 48335 USA ISA F. EMPLOYEE'S ADDRESS AND ZIP CODE							14. OTHER		13. STATUTORY REEMPLOYEE PL			
15. STATE AZ	08223618	S STATE I.D. NO. B76	16. STATE WAG	ES, TIPS, E 84901		17. STATE INCOME 1	4329.91	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 NUM 000008780802			2021	OMB NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENSATION		2. FEDERAL INCOME TAX WITHHELD		
B. EMPLOYER IDER 82-2361876	TIFICATION NUMBER	A. EMPLOYEE'S 325-69-8654		RITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD			
Nikola Corporat		CODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	HHELD	
4141 E. Broadv Phoenix AZ 850					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
					9.			10. DEPENDENT CARE	BENEFITS	
E. EMPLOYEE'S FIF	ST NAME AND INITIAL	LAST N	AME	SUFF.	11. NONQUALIFIED PLANS			12.a-d		
Gunasekhar		Karna	ham							
36821 Blancha Apt 201 Farmington MI					14. OTHER					
USA	DDRESS AND ZIP CODE							13. STATUTORY RETII	THIRD PARTY SICK PAY	
	LOYER'S STATE I.D. NO. 2361876	16. STATE WAG	ES, TIPS, ET 84901.		FAX 4329.91	18. LOCAL WAGES, TIPS, ETC	. 19.	LOCAL INCOME TAX	20. LOCALITY NAME	

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FORM W-2 Wage and Tax Statement

D. CONTROL 000008780		This Information is to the Internal Rev		2021	OMB NO	. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSATION	N	2. FEDERAL INCOME TA	2. FEDERAL INCOME TAX WITHHELD		
B. EMPLOYER 82-236187		TION NUMBER	A. EMPLOYEE'S 325-69-8654		JRITY NUMB	ER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY TA	AX WITHHELD			
C. EMPLOYER	R'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	HHELD		
Nikola Corp 4141 E. Bro Phoenix AZ	oadway Rd	I					7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS			
							9.			10. DEPENDENT CARE I	BENEFITS		
E. EMPLOYER Gunasekha		ME AND INITIAL	LAST NA Karna			SUFF.	11. NONQUAL	IFIED PLANS		12.a-d			
36821 Blar Apt 201 Farmingtor USA F. EMPLOYER	n MI 48335	-					14. OTHER			13. STATUTORY RETIFE EMPLOYEE PLAN	REMENT X THIRD PARTY SICK PAY		
15. STATE AZ		S STATE I.D. NO.	16. STATE WAG	ES, TIPS, ET 84901.		STATE INCOME T	AX 4329.91	18. LOCAL WAGES, TIPS	, ETC. 19	LOCAL INCOME TAX	20. LOCALITY NAME		