Year To Date Earnings

| Sign On Bonus | 10000.00 |
|----------------------------|----------|
| Group Term Life > \$50,000 | 49.36 |
| Illness | 876.11 |
| Ltd 2 Plan | 67.48 |
| Retroactive Pay | 64.11 |
| Salary | 36668.26 |
| Non CA STD Imputed Income | 57.82 |
| Vacation Pay | 1346.22 |
| | |
| | |

Year To Date Deductions

| 401(k) Savings Plan | 2080.85 |
|------------------------------|---------|
| AD&D | 6.70 |
| Child Sup AD&D | 0.16 |
| Dental Pre-tax Deduction | 72.00 |
| Spouse Sup AD&D | 0.88 |
| Emp Stk Purchase Dec-May | 1331.26 |
| Group Term Life > \$50,000 | 49.36 |
| Health Savings Account | 100.00 |
| Ltd2 Plan Offset | 67.48 |
| NetApp HSP | 320.00 |
| Non Ca Stc Off Set Deduction | 57.82 |
| Sup Life Accumulator | 14.64 |
| Vision Core Pre-tax | 24.00 |
| | |

012-000242-W2-75023-NETWORK

NetApp Inc. 3060 Olsen Dr San Jose, CA 95128-2155

Social Security No .: XXX-XX-6407

a Employee's social security number d Control number 7 Social security tips 1 Wages, tips, other compensation 2 Federal income tax withheld XXX-XX-6407 021759 WY/18L 46532.51 7843.69 c Employer's name, address, and ZIP code 8 Allocated tips 3 Social security wages 4 Social security tax withheld 48613.36 3014.03 NetApp Inc. 3060 Olsen Dr 5 Medicare wages and tips 6 Medicare tax withheld San Jose, CA 95128-2155 48613.36 704.89 10 Dependent care benefits 12a See instructions for box 12 12b b Employer identification number (EIN) 77-0307520 C 49.36 D 2080.85 11 Nongualified plans e Employee's first name and initial Last name SHASHANK BADAVANAHALLI RAJASHEKAR Suff. 12c 12d **W** DD 2813.20 500.00 Retirement Third-party plan sick pay 701 LEGACY DR 13 Statutory 14 Other employee SDIIMP 57.82 APT 1221 1221 **PLANO, TX 75023** х f Employee's address and ZIP code 15 State Employer's State ID No 16 State wages, tips, etc. 17 State income tax 19 Local income tax 20 Locality name 18 Local wages, tips, etc.

OMB No. 1545-0008

Form W-2 Wage and Tax Statement

Сору

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.

| 2021 OMB No. 1545-0008 Form W-2 Wa | ige and Tax Stater | nent | State Filing Co | opy [| | | • | loyee's State, Ci ernal Revenue Se | | al Income Tax Return. |
|---|--------------------|----------------------------|-------------------------------------|------------------------------|-----------------------------------|----------|------------------|---------------------------------------|----------|-----------------------|
| | d Control number | | 7 Social secu | urity tips | | 1 Wages | , tips, oth | • | 2 Federa | l income tax withheld |
| XXX-XX-6407 | 021759 WY/18L | | | | | | | 46532.51 | | 7843.69 |
| c Employer's name, address, and ZIP co | ode | | 8 Allocated ti | ps | | 3 Social | security w | /ages | 4 Social | security tax withheld |
| NetApp Inc. | | | | | | | | 48613.36 | | 3014.03 |
| 3060 [°] 01sen Dr San Jose, CA 95128-2155 | | 9 | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | |
| | | | | | 48613.36 | | | 704.89 | | |
| b Employer identification number (EIN) 77–0307520 | | 10 Dependent care benefits | | | C 12a See instructions for box 12 | | | ° 12b ª D | 2080.85 | |
| e Employee's first name and initial Last name Suff. SHASHANK BADAVANAHALLI RAJASHEKAR 701 LEGACY DR | | 11 Nonqualified plans | | | ୁ 12c ଜୁ DD | 1 | 2813.20 | ୁ 12d ଅ | 500.00 | |
| | | | 13 Statutory Retirement Third-party | | | 14 Other | | | | |
| APT 1221 1221 | | | employee | plan | sick pay | SDI | TMP | 57.82 | | |
| PLANO, TX 75023 | | | | x | | | | | | |
| f Employee's address and ZIP code | | | | | | | | | | |
| 15 State Employer's State ID No 16 State wages, tips, etc. 17 State incom | | e tax 18 Local wages, ti | | ps, etc. 19 Local income tax | | | 20 Locality name | | | |
| | | | | | | | | | | |

| 2021 MB No. 1545-0008 Form W-2 Wag | ge and Tax Staten | | Federal Filing Co | Copy B - To Be Filed With Employee's FEDERAL Tax Return. | | | | | | |
|--|------------------------------|-----------------|----------------------|--|---|--|-------------------------|-----------------------------------|--|--|
| a Employee's social security number d XXX-XX-6407 | Control number 021759 WY/18L | | 7 Social secu | rity tips | 1 Wages | , tips, other compensation 46532.51 | 2 Federa | al income tax withheld 7843.69 | | |
| c Employer's name, address, and ZIP code NetApp Inc. 3060 Olsen Dr | | 8 Allocated tip | DS | | security wages 48613.36 re wages and tips | 4 Social security tax withheld 3014.03 6 Medicare tax withheld | | | | |
| San Jose, CA 95128-2155 b Employer identification number (EIN) 77-0307520 | | | 10 Dependent | t care benefits | C12a See | 48613.36 instructions for box 12 49.36 | C 12b | 704.89 2080.85 | | |
| e Employee's first name and initial La SHASHANK BADAVANAHALLI RA | st name JASHEKAR | Suff. | 11 Nonqualifie | ed plans | C12c d DD | 2813.20 | ^C 12d d ₩ | 500.00 | | |
| 701 LEGACY DR APT 1221 1221 PLANO, TX 75023 f Employee's address and ZIP code | | | employee | Retirement Third-party plan sick pay | 14 Other SDI | IMP 57.82 | | | | |
| 15 State Employer's State ID No 16 State | e wages, tips, etc. | 17 State income | tax | 18 Local wages, tip | os, 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

Do your have to finer relief to the institutuous for routes to you and to yours to determine you are required to the a tax return. Even if you do not have to file a tax return, you may be digible for a return of the you are religible for a ranger come (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 2021 or if income is earned for services provided while you were an immate at a penal institution. For 2021 income limits and more information, visit www.irs.gov/etic. See also Pub. 596, Earned income Credit. Any EIC that is more than your tax liability is refunded to you, but or mployen has reported your complete SSN to the IRS and SSA. 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 teor 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. Be sure to get your copies of Form W-2c from your social security card, you also visit the SSN are wow, socialsecurity gov. Correct your a new and SSN are correct but are not the same as shown on your social security card, you also visit the SSA at www.socialsecurity gov. Correct your and had tisplays your correct care and statement, with the SSA at www.socialsecurity gov. Correct our social security card, you may also visit the SSA at www.socialsecurity gov.

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reporting in box 12, using code DD, of the cost of engloyer-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 2021 and more than \$8,853.60 in social security and/or Tier 1 railcoad 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 railcoad employer and more than \$5,203.80 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 Withhold, you may also be able to claim a credit.

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 licome fax withheld line of your tax return. Box 3. Enter this amount on the federal licome fax withheld line of your tax return. Box 4. Enter this amount on the federal licome fax withheld ine 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 1040-58 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 is so your tax return, see the Instructions for Forms 1040 and 1040-58. 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 tips. Use Form 4137 to figure the social security rand Medicare tax owed on tips you received, report that amount even if it is more or east than elalocated tips. Use Form 4137 to figure the social security rand Medicare tax owed on tips you or incurred 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 east than the allocated tips 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 or section 457(b) plan, or (b) included in box 3 and/or box 5 lif it is a prior year deferral compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 lif is a prior year deferral compensation or nongovernmental section 457(b) plan, or (c) included in box 3 and/or box 5 lif is a prior year deferral compensation or nongovernmental section 457(b) plan, or (c) included in box 3 and/or box 5 lif is a prior year deferral and recion 457(b) report of Special Wage Payments, with th

Should nee form system of the system of the

However, if you were at least age 50 in 2021, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(b) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Instructions for Forms 1040 and 1040-SR.

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 military 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. Buildculors for Forms 1040 and 1040-SR. See the Build unit form 1040 or 1040-SR. See the Build unit form 1040 or 1040-SR. See the Instructions for Forms 1040 and 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 the 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. — Elective deferrals under a section 403(k) (salary reduction server) — Elective deferrals under a section 403(k) (salary reduction SEP — Elective deferrals under a section 403(k) (salary reduction SEP — Elective deferrals) to a section 457(b) deferred — Elective deferrals) to a section 457(b) deferred

compensation plan H—Elective deferrats 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. "An observation of guaranteements of the management of the manage

P—Excludable moving expense reimpursements pair unequity to a motion of the interval of the

Temployer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.
 Semployee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)
 Tempdoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.
 V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable income, for roporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8899, Health Savings Accounts (HSAs).
 Y—Deferrals under a section 409A nonqualified deferred compensation plan at Zavings Accounts (HSAs).
 Y—Deferrals under a section 409A nonqualified deferred compensation plan at Zavings Accounts (HSAs).
 Y—Deferrals under a section 409A nonqualified deferred compensation plan At Zavings Accounts (HSAs).
 Y—Deferrals under a section 409A nonqualified deferred compensation plan Bio Designated Roth contributions under a section 401(k) 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 governmental section 457(b) plan. This amount does not a section 400 the 37(b) plan.

EC-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, Their 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 filing 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