							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.						Gross Wages 152899.9		95 152899.9	95 152899.95	
Please note that t	the Gross amou	nt shown may	include	adjustments.	Txbl Benefits 2936.9		94 2936.9	94 2936.94		
					Group Term	Life	97.2	20 97.2	20 97.20	
					Adoption					
					Deferred Co	omp	(4594.1	1)		
					Section 125		(5948.1	6) (5948.1	6) (5948.16)	
					Other Preta	x/Wage Limit		(7185.9	3)	
					W-2 Wages		145391.8	32 142800.	149985.93	
D. CONTROL NUMBER 002169432101	This Information is to the Internal Rev		2021	OMB NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSA 145391		2. FEDERAL INCOME TA	X WITHHELD 14376.72	
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD		
36-2440683		275-61-1006			142800.00			8853.60		
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT		
Schneider Electric US						149985	5.93		2174.80	
1111 PASQUINELLI D SUITE 100					7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS		
Westmont IL 60559-1	1224				9.			10. DEPENDENT CARE E	ENEFITS	
E. EMPLOYEE'S FIRST NAM	ME AND INITIAL	LAST NA	AME	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	97.20	
Nitin		Raj						D	4594.11	
2043 SERCY DR					14. OTHER			AA	4594.11	
Spring Hill TN 37174 USA								DD	21746.16	
F. EMPLOYEE'S ADDRESS	AND ZIP CODE							13. STATUTORY RETIREMPLOYEE PLAN	EMENT X THIRD PARTY SICK PAY	
	S STATE I.D. NO.	16. STATE WAG	ES, TIPS, E	TC. 17. STATE INCOME T	AX	18. LOCAL WAGES, T	TIPS, ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME	

Nitin Raj D 459 2043 SERCY DR Spring Hill TN 37174 USA 14. OTHER AA 459 DD 2174 DD 2174 F. EMPLOYEE'S ADDRESS AND ZIP CODE 13. STAUTORY RETIREMENT X THIRD PARK EMPLOYEE PLAN X SICK PAY	D. CONTROL NUMBER 002169432101	This Information is to the Internal Re		2021	OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION 145391.82		2. FEDERAL INCOME TA	X WITHHELD 14376.72	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Schneider Electric USA, Inc 1111 PASQUINELLI DRIVE SUITE 100 Westmont IL 60559-1224 E. EMPLOYEE'S FIRST NAME AND INITIAL Raj 2043 SERCY DR Spring Hill TN 37174 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE S. MEDICARE WAGES AND TIPS 149985.93 C. SOCIAL SECURITY TIPS S. ALLOCATED TIPS 11. NONQUALIFIED PLANS 11. NONQUALIFIED PLANS 12.a-d C D 459 D 2174 AA 459 DD 2174 13. STATUTORY RETIREMENT X SICK PAY EMPLOYEE'S ADDRESS AND ZIP CODE	B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER				3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD			
Schneider Electric USA, Inc 1111 PASQUINELLI DRIVE SUITE 100 Westmont IL 60559-1224 E. EMPLOYEE'S FIRST NAME AND INITIAL RAT NAME Raj E. EMPLOYEE'S FIRST NAME AND INITIAL RAT NAME Raj 2043 SERCY DR Spring Hill TN 37174 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE 149985.93 1.49985.93 1.49985.93 1.49985.93 1.40 DEPENDENT CARE BENEFITS 1.40 ONQUALIFIED PLANS 1.40 OTHER AA 459 DD 2174 1.3. STATUTORY RETIREMENT X THIRD PARE EMPLOYEE'S ADDRESS AND ZIP CODE	36-2440683 275-61-1006				142800.00			8853.60			
1111 PASQUINELLI DRIVE SUITE 100 Westmont IL 60559-1224 2. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. NICE Raj 11. NONQUALIFIED PLANS 12.a-d C 9 D 459 D 459 AA 459 DD 2174 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE	C. EMPLOYER'S NAME, A	DDRESS, AND ZIP (ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	HHELD	
SUITE 100							149985.93			2174.80	
S. 10. DEPENDENT CARE BENEFITS	SUITE 100					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
Nitin Raj C 3 2043 SERCY DR Spring Hill TN 37174 USA 14. OTHER AA 459 DD 2174 USA D 2174 21. STAUTORY RETIREMENT THIRD PAR EMPLOYEE'S ADDRESS AND ZIP CODE	Westholit IL 00335-1224					9.			10. DEPENDENT CARE BENEFITS		
2043 SERCY DR Spring Hill TN 37174 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE 14. OTHER AA 459 DD 2174 13. STATUTORY RETIREMENT TO THIRD PARK EMPLOYEE PIAN SICK PAY	E. EMPLOYEE'S FIRST NA	ME AND INITIAL	LAST NA	AME	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	97.20	
DD 2174 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE DD 2174 13. STATUTORY RETIREMENT X THIRD PARK EMPLOYEE PIAN SICK PAY	Nitin		Raj						D	4594.11	
USA 13. STATUTORY RETIREMENT X THIRD PAR F. EMPLOYEE'S ADDRESS AND ZIP CODE 13. STATUTORY PLAN SICK PAY	2043 SERCY DR					14. OTHER			AA	4594.11	
F. EMPLOYEE'S ADDRESS AND ZIP CODE									DD	21746.16	
15. STATE EMPLOYER'S STATE I.D. NO. 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME TAX 18. LOCAL WAGES, TIPS, ETC. 19. LOCAL INCOME TAX 20. LOCALITY NAME											
, ,	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	

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

2021

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 002169432101	This Information is to the Internal Rev		2021	OMB NO. 1545	-0008	1. WAGES, TI	PS, OTHER COMPENS 14539		2. FEDERAL INCOME T	AX WITHHELD 14376.72		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER							3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
36-2440683 275-61-1006						142800.00				8853.60		
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD		
Schneider Electric US	A, Inc						14998	5.93		2174.80		
1111 PASQUINELLI DRIVE SUITE 100							7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
Westmont IL 60559-1224							9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAI	ME AND INITIAL	LAST NA	AME		SUFF.	11. NONQUAL	FIED PLANS		12.a-d C	97.20		
Nitin		Raj							D	4594.11		
2043 SERCY DR						14. OTHER			AA	4594.11		
Spring Hill TN 37174 USA									DD	21746.16		
F. EMPLOYEE'S ADDRESS	AND ZIP CODE								13. STATUTORY RET	REMENT X THIRD PARTY SICK PAY		
15. STATE EMPLOYER	S STATE I.D. NO.	16. STATE WAG	ES, TIPS, ET	C. 17. STATE IN	ICOME 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

2021

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER This Information is	baing furnished			1 WAGES T	PS, OTHER COMPENSA	TION	2. FEDERAL INCOME TA	X WITHHELD	
002169432101 to the Internal Rev		OMB	NO. 1545-0008	145391.82			14376.72		
B. EMPLOYER IDENTIFICATION NUMBER	JMBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD				
36-2440683	275-61-1006			142800.00			8853.60		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP	CODE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD		
Schneider Electric USA, Inc				149985.93			2174.80		
1111 PASQUINELLI DRIVE SUITE 100 Westmont IL 60559-1224				7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
Westmont IL 00339-1224				9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	97.20	
Nitin	Raj						D	4594.11	
2043 SERCY DR				14. OTHER			AA	4594.11	
Spring Hill TN 37174 USA							DD	21746.16	
								REMENT X THIRD PARTY	
F. EMPLOYEE'S ADDRESS AND ZIP CODE					EMPLOYEE PLAN	SICK PAY			
15. STATE EMPLOYER'S STATE I.D. NO.	16. STATE WAGES, TIPS	, ETC.	17. STATE INCOME T	AX	18. LOCAL WAGES, TI	PS, ETC. 19	LOCAL INCOME TAX	20. LOCALITY NAME	