2021 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Control number Corp. Employer use only 0000036858 V49 10U1 19287 Employer's name, address, and ZIP code

MICROSOFT CORPORATION 1 MICROSOFT WAY REDMOND, WA 98052-6399

e/f Employee's name, address, and ZIP code MANIDEEP CHINTALAPUDI 3201 ALEXANDER CIR NE APT 3201

ATLANTA, GA 30326

b	Emplo	yer's FED ID number 91-1144442	а	Е	mpl	oyee's SS XXX-		
1	Wage	s, tips, other comp.	2 Federal income tax withheld					hheld
	142362.08					2	4207.	.45
3	Social	Social security wages		4 Social security tax withheld				
		142800.00					8853.	.60
5	Medic	are wages and tips	6	M	edic	care tax wi	ithheld	
		161632.25					2343.	.67
7	Social	security tips	8	Α	lloc	ated tips		
9			10	D	epe	ndent care	benef	its
11	Nonqu	ualified plans	12	a S	ee in C	structions fo	110	6.40
14	Other		12	_	D_		1927	
	01		12	_				2.35
					AΑ			2.34
			13	St	at er	np. Ret. plan	3rd part	y sick pay
15	State	Employer's state ID no	16	S	tate	wages, tip	s, etc.	
	GA	5184919-YN				3	6551	.76
17	17 State income tax			3 L	ocal	wages, tip	os, etc.	
		1832.68						
19				20 Locality name				

1	1 Wages, tips, other comp. 142362.08			2 Federal income tax withheld 24207.45			
3	Social security wag		4 Social security tax withheld 8853.60				
5	Medicare wages and 16163	tips 32.25	6 Medicare tax withheld 2343.67				
d 00	Control number 00036858 V49	Dept.	Corp. 10U1	Employer use only 19287			

c Employer's name, address, and ZIP code

MICROSOFT CORPORATION 1 MICROSOFT WAY REDMOND, WA 98052-6399

b	Employer's FED ID number 91-1144442	a E	mplo	yee's SS XXX-	A number XX-9821	
7	Social security tips	8 A	8 Allocated tips			
9		10 E	eper	dent car	e benefits	
11	Nonqualified plans		See ii C	nstructio	ns for box 12 116.40	
14	Other	12b	DΙ		19270.17	
		12c			1892.35	
			AΑ		182.34	
		13 St	at emp	Ret. plan	3rd party sick pay	

e/f Employee's name, address and ZIP code

MANIDEEP CHINTALAPUDI 3201 ALEXANDER CIR NE APT 3201 ATLANTA, GA 30326

15	State GA	Employer's s 5184919-Y		16 State wages, tips, etc. 36551.76
17	State	income tax 18	32.68	18 Local wages, tips, etc.
19	Local	income tax		20 Locality name
		Federal	Filing	Conv

Wage and Tax

Statement B to be filed with employee's Federal Income

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

> To change your employee W-4 profile information, file a new W-4 with your payroll department.

MANIDEEP CHINTALAPUDI 3201 ALEXANDER CIR NE APT 3201 ATLANTA, GA 30326

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1 Wages, tips, other comp.

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2 Federal income tax withheld 1 Wages, tips, other comp

142	362.08		242	207.45
3 Social security wa	ges 800.00	4 Social	security tax	withheld 353.60
5 Medicare wages ar 1610	nd tips 632.25	6 Medica		343.67
d Control number 0000036858 V49	Dept.	Corp. 10U1	Employer	use only 19287
Employer's name, MICROSOFT (1 MICROSOFT REDMOND, V	CORPORT WAY	RATION		
Employer's FED ID	42		yee's SSA n XXX-XX	umber (-9821
Social security tips	3		ted tips	
)		10 Depen	dent care be	enefits
11 Nonqualified plans	•	12a C		116.40
14 Other		^{12b} D		270.17
		12c W	1	892.35
		12d AA		182.34
		13 Stat emp	Ret. plan 3rd	party sick pay
e/f Employee's name, MANIDEEP CI 3201 ALEXAN APT 3201 ATLANTA, G/	HINTALA DER CI	APUDI R NE	e	
15 State Employer's s GA 5184919-Y	state ID no N		36	551.76
17 State income tax 18	32.68	18 Local	wages, tips,	etc.
19 Local income tax		20 Locali	y name	
GA. Sta	ate Filir	ng Co	ру	
W-2	Wage a	and Ta	ິ 20	21

Statement

Copy 2 to be filed with employee's State Income Tax Retu

3 Social security wages 142800.00		4 Social security tax withheld 8853.60				
5 Medicare wages and tips 161632.25		6 Medicare tax withheld 2343.67				
d Control number Dep	ot. Corp.	Employer use only				
0000036858 V49	10U1	19287				
c Employer's name, addres	s, and ZIP cod	le				
REDMOND, WA 9 b Employer's FED ID numb		yee's SSA number				
91-1144442		XXX-XX-9821				
7 Social security tips	8 Alloca	ted tips				
9	10 Deper	dent care benefits				
11 Nonqualified plans						
	12a					
	C	116.40				
14 Other	1	116.40 19270.17				
14 Other	C					
14 Other	12b D	19270.17				

Social Security Number: XXX-XX-9821

2 Federal income tax withheld

13 Stat emp. Ret. plan 3rd party sick pay

24207.45

e/f Employee's name, address and ZIP code

142362.08

MANIDEEP CHINTALAPUDI 3201 ALEXANDER CIR NE APT 3201 ATLANTA, GA 30326

15	State GA	Employer's state ID no. 5184919-YN	16 State wages	tips, etc. 36551.76		
17 State income tax 1832.68		18 Local wages, tips, etc.				
19 Local income tax		20 Locality name				

City or Local Filing Wage and Tax

Statement employee's City or Local

2021 W-2 and EARNINGS SUMMARY

	Employee	Ref	erence	Сору				
W-	or employee's reco	2021 OMB No. 1545-0008						
d Con	trol number	Dept.	Corp.	Employer use only				
0000036	6858 V49		10U1	19288				
c Employer's name, address, and ZIP code								
MICROSOFT CORPORATION 1 MICROSOFT WAY								

e/f Employee's name, address, and ZIP code MANIDEEP CHINTALAPUDI 3201 ALEXANDER CIR NE APT 3201

REDMOND, WA 98052-6399

ATLANTA, GA 30326

		, •		-					
b	Emplo	yer's FED ID 91-1144 4		а	Emp	loy		A numbe	
1	Wages	s, tips, other	comp.	2	Fede	ral	income	tax with	held
3	Social	security wa	ges	4	Soci	al s	security	tax withl	held
5	Medic	are wages a	nd tips	6	Medi	ca	re tax wi	thheld	
7	Social	security tips	5	8	Alloc	ate	ed tips		
9				10	Depe	end	lent care	benefits	5
11	Nonqu	alified plans	1		DE		uctions fo	r box 12 6444	.00
14	Other			12		1			
	Otilio.			12		<u> </u>			
				12					
				13	Stat e	mp	Ret. plan	3rd party :	sick pay
15	State	Employer's	state ID no	o. 16	State	w	ages, tip	s, etc.	
17	State i	ncome tax		18	Loca	l w	ages, tip	os, etc.	
19 Local income tax			20	20 Locality name					

1	1 Wages, tips, other comp.			2 Federal income tax withheld			
3	Social security wages			Social	security tax withheld		
5	Medicare wages and tips			Medica	are tax withheld		
d	Control number	Dept.	П	Corp.	Employer use only		
00	00036858 V49	·)U1	19288		
С	c Employer's name, address, and ZIP code						

MICROSOFT CORPORATION 1 MICROSOFT WAY REDMOND, WA 98052-6399

b	Employer's FED ID number 91-1144442	a Employee's SSA number XXX-XX-9821						
7	Social security tips	8 Allocated tips						
9		10 Dependent care benefits						
11	Nonqualified plans	12a See instructions for box 12 DD 6444.00						
14	Other	12b						
		12c						
		12d						
		13 Stat emp. Ret. plan X 3rd party sick pay						
e/f	e/f Employee's name, address and ZIP code							

MANIDEEP CHINTALAPUDI 3201 ALEXANDER CIR NE APT 3201 ATLANTA, GA 30326

l				
15	State	Employer's s	tate ID no.	16 State wages, tips, etc.
17	State	income tax		18 Local wages, tips, etc.
19	Local	income tax		20 Locality name
		Federal	Filing	Сору

Statement

Wage and Tax

B to be filed with employee's Federal Income Tax Re

ADDITIONAL W-2 FOR BOX 12 OR 14 OVERFLOW

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

> To change your employee W-4 profile information, file a new W-4 with your payroll department.

MANIDEEP CHINTALAPUDI 3201 ALEXANDER CIR NE APT 3201 ATLANTA, GA 30326

Social Security Number: XXX-XX-9821

2 Federal income tax withheld

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1 Wages, tips, other comp.		2 Federal income tax withheld			1 Wages, tips, other comp.			2 Feder
3 Social security wages		4 Social security tax withheld			3 Social security wages			4 Socia
5 Medicare wages and tips		6 Medicare tax withheld			5 Medicare wages and tips			6 Medic
d Control number 0000036858 V49		Corp. Empl	oyer use only 19288	d 00		ol number 358 V49	Dept.	Corp. 10U1
c Employer's name, a MICROSOFT C 1 MICROSOFT REDMOND, W	ORPORAT	ΓΙΟΝ			MICR 1 MIC	oyer's name, COSOFT C CROSOFT MOND, W	ORPOR WAY	ATION
b Employer's FED ID 91-114444		Employee's SS XXX	A number -XX-9821	b		oyer's FED ID	42	a Emplo
7 Social security tips		Allocated tips		7	Socia	I security tips	5	8 Alloca
9		10 Dependent care benefits			9			10 Depe
11 Nonqualified plans	12 a	DDI	6444.00	11	Nonq	ualified plans		12a DD
14 Other	12b 12c 12d 13 s		a 3rd party sick pa		Other	•		12b 12c 12d 13 Stat er
elf Employee's name, a MANIDEEP CH 3201 ALEXANI APT 3201 ATLANTA, GA	IINTALAPU DER CIR I	IP code			MANI 3201 APT	oyee's name, IDEEP CH ALEXANI 3201 ANTA, GA	IINTALA DER CIR	PUDI R NE
15 State Employer's st	tate ID no. 16	State wages, t	ips, etc.	15	State	Employer's	state ID no	. 16 State
17 State income tax		18 Local wages, tips, etc.			State	income tax		18 Local
19 Local income tax		20 Locality name			Local	income tax		20 Local
. State W-2 Copy 2 to be filed with emp	Vage and Statement	OM	021 B No. 1545-0008	•	V -2	City or V	Stateme	

5 Social Security wag	30cial security tax withheld					
5 Medicare wages an	6 Medicare tax withheld					
d Control number 0000036858 V49	Dept.	Corp. 10U1	Employer use	only 19288		
c Employer's name, a MICROSOFT CO 1 MICROSOFT REDMOND, WA	ORPOR WAY	ATION	e			
b Employer's FED ID 91-114444		a Emplo	yee's SSA numb	er 21		
7 Social security tips	8 Allocated tips					
9		10 Depen	dent care benefi	ts		
11 Nonqualified plans	4999999999	12a DD	644	4.00		
14 Other		12b 12c 12d 13 Stat em	p. Ret. plan 3rd part	y sick pay		
e/f Employee's name, a	address ar	nd ZIP cod	X e			
MANIDEEP CHI 3201 ALEXAND APT 3201 ATLANTA, GA	ER CIR	NE				
15 State Employer's s	tate ID no.	16 State v	vages, tips, etc.			
17 State income tax	18 Local wages, tips, etc.					
19 Local income tax		20 Locality name				
City or	Local	Filing	Сору			
VALO W	age a	nd Tax	202	1		

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 above \$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 includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year, lf you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer 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 AA, 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. Deferrals under code H are limited to \$7.000.

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(p) 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.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

 $\mbox{\bf B---}\mbox{Uncollected}$ Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—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.

E—Elective deferrals under a section 403(b) salary reduction agreement F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—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.

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.

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

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

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption 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 reporting 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 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan Z—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-SR.

AA—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 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 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.

Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



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 don't 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.

Earned income credit (EIC). You may be able to take the EIC for 2021 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 can't 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 inmate at a penal institution. For 2021 income limits and more information, visit www.irs.gov/EITC. 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.

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and SSA.

Clergy and religious workers. If you aren't 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 to file 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 employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't 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 800-772-1213. You may also visit the SSA website at www.SSA.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 2021 and more than \$8,853.60 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 \$5,203.80 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 Withholding and Estimated Tax.