

**FORM W-2 Wage and Tax Statement**  
Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

Dept. 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.

These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns.  
If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

The white copies of the W-2 forms are for your tax returns; the blue copy is for your records. General instructions, including an explanation of the letter codes in box 12, are on the other side of the page.  To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.	Federal Box 1	Soc. Sec. Box 3 and 7	Medicare Box 5	
	Gross Wages	29531.91	29531.91	29531.91
	Taxbl Benefits	20294.64	20294.64	20294.64
	Group Term Life	23.90	23.90	23.90
	Adoption			
	Deferred Comp	(342.30)		
	Section 125	(174.48)	(174.48)	(174.48)
Other Pretax/Wage Limit		(49675.97)	(49675.97)	
W-2 Wages	49333.67			

D. CONTROL NUMBER 000014092201	This information is being furnished to the Internal Revenue Service	2021	OMB NO. 1545 - 0008	1. WAGES, TIPS, OTHER COMPENSATION 49333.67	2. FEDERAL INCOME TAX WITHHELD 12613.73
B. EMPLOYER IDENTIFICATION NUMBER 33-0977088	A. EMPLOYEE'S SOCIAL SECURITY NUMBER 132-41-9294		3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Allianz Global Investors U.S. Holdings LLC 1633 Broadway 42nd Floor New York NY 10019			5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD	
13. Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-Party Sick Pay <input type="checkbox"/>			7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS	
			9.	10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL Srikanth		LAST NAME Maganti	SUFF	11. NONQUALIFIED PLANS	12. a-d
667 Elderberry Drive Milpitas CA 95035 USA				14. OTHER CA SDI 601.82	C 23.90 D 342.30 W 500.00 DD 1659.15
F. EMPLOYEE'S ADDRESS AND ZIP CODE			15. STATE CA	EMPLOYER'S STATE I.D. NO. 122-1236-1	16. STATE WAGES, TIPS, ETC. 49833.67
			17. STATE INCOME TAX 4516.56	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX
			20. LOCALITY NAME		

FOLD AND TEAR ALONG PERFORATION

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**W-2 AND WAGE SUMMARY**