## Year To Date Earnings

Salary Pay	107635.56
Vacation Pay	13227.73
PHL Yearly Payout Ca 401k Elig	2885.42
Adjusted Overtime Bonus Calc	372.98
Work fr home Internet Stipend	150.00
Annual Bonus Program	16038.00
Group Term Life > \$50,000	67.68
Restricted Stock Units	4021.23

## Year To Date Deductions

Restricted Stock Offset	2369.31
Basic Long Term Disability	431.28
401k Pretax Matched	3723.55
401k Pretax Bon/Com Matched	481.14
FSA Medical Reimbursement YR1	2750.00
Dental Insurance	379.92
Vision Insurance	144.96
Medical Insurance	2250.00
Tobacco Dental Credit	-60.00
Tobacco Medical Credit	-600.00

Social Security No.: XXX-XX-2372

008-003452-W2-75034-YHOLDING

Oath Holdings, Inc. 1199 Coleman Ave.

San Jose, CA 95110

a Employee's social security number	d Control number		7 Social secu	rity tips	1 Wages	tips, other compensation	2 Federal inc	ome tax withheld
XXX-XX-2372	011903 WY/3MW					135329.03		25096.26
c Employer's name, address, and ZIP	code		8 Allocated tip	os	3 Social s	security wages	4 Social secu	rity tax withheld
Oath Holdings, Inc. 1199 Coleman Ave.						139533.72		8651.09
			9		5 Medicare wages and tips		6 Medicare tax withheld	
San Jose, CA 95110						139533.72		2023.24
b Employer identification number (EIN)	81-3443155		10 Dependen	t care benefits	୍ଟ 12a See ଟ <b>C</b>	instructions for box 12 67.68	C 12b	4204.69
e Employee's first name and initial Last name Suff.  MOHAMMED SHABAZ AHMED SHAIKH  8404 WARREN PKWY, APT 0516  FRISCO, TX 75034		Suff.	11 Nonqualified plans		C 12c	15656.89	C <b>12d</b>	
				Retirement Third-party plan sick pay	14 Other CA-	SDI 564.27		
f Employee's address and ZIP code				х				
15 State Employer's State ID No 16 St	ate wages, tips, etc.	17 State income	tax	18 Local wages, tip	os, etc.	19 Local income tax	20 Loca	lity name
CA 073-2718-2	45736.04	3	979.44					

2021

Form W-2 Wage and Tax Statement

## Employee's Copy

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

State

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

Form W-2 Wage and Tax Statement **Filing Copy** MB No. 1545-0008 Department of the Treasury-Internal Revenue Service 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-2372 011903 WY/3MW 135329.03 25096.26 c Employer's name, address, and ZIP code 8 Allocated tips 3 Social security wages 4 Social security tax withheld 139533.72 8651.09 Oath Holdings, Inc. 1199 Coleman Ave. San Jose, CA 95110 5 Medicare wages and tips 6 Medicare tax withheld 139533.72 2023.24 10 Dependent care benefits 12a See instructions for box 12 b Employer identification number (EIN) 81-3443155 4204.69 67.68 D 11 Nonqualified plans 12c 12d e Employee's first name and initial Last name DD 15656.89 MOHAMMED SHABAZ AHMED SHAIKH 8404 WARREN PKWY, APT 0516 FRISCO, TX 75034 14 Other 13 Statutory Retirement Third-party plan sick pay employee CA-SDI 564.27 x f Employee's address and ZIP code 15 State Employer's State ID No 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name 073-2718-2 3979.44

2021
OMB No. 1545-0008 Form W-2 Wage and Tax Statement Filing Copy B - To Be Filed With Employee's FEDERAL Tax Return.
Department of the Treasury-Internal Revenue Service.

a Employee's social security num			7 Social secu	rity tips	1 Wages		2 Federal income tax withheld
XXX-XX-2372	011903 WY/3MW					135329.03	25096.26
c Employer's name, address, and	ZIP code		8 Allocated ti	ps	3 Social s	security wages	4 Social security tax withheld
Oath Holdings, Inc.						139533.72	8651.09
1199 Coleman Ave.			9		5 Medica	re wages and tips	6 Medicare tax withheld
San Jose, CA 95110						139533.72	2023.24
b Employer identification number	(EIN) <b>81-344315</b> 5		10 Dependen	t care benefits	C12a See	instructions for box 12 67.68	© 12b
e Employee's first name and initia		Suff.	11 Nonqualifi	ed plans	C 12c	15656.89	C 12d
8404 WARREN PKWY, AP FRISCO, TX 75034				Retirement Third-party plan sick pay	14 Other CA-	SDI 564.27	
f Employee's address and ZIP code							
15 State Employer's State ID No CA 073-2718-2	16 State wages, tips, etc. <b>45736.04</b>	17 State income 3:	tax <b>979.44</b>	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

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 you are eligible for a refund if box 2 shows an amount or if you are eligible for a refund if box 2 shows an amount or if you are eligible for a refund if box 2 shows an amount or if you are eligible for a refund if box 2 shows an amount or if you are eligible for a refund if box 2 shows an amount or if you are eligible for a refund if box 2 shows an amount or if you are eligible 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 inmate at a penal institution. For 2021 income limits and more information, visit www.irs.gov/elic. 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 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 record. Be sure to ask the employer of 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-2c from your employer for an excert exited that displays your correct but are not the same as shown on your social security card, you should ask for a new card that displays your correct but are not the same as shown on your social security card, you also visit the SSA at www.socialsecurity.

should ask for a flew card unat uspays your allowing many also visit the SSA at www.socialsecurity.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The renorting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only.

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.

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 income tax withheld line of your tax return.
Box 3. The this 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 tips 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 to give 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 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, 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, or (a) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan hat became taxable for social security and M

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 \$1,000. Deferrals under code H are limited to \$7,000.

Desertais unuer 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 milliary 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.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 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 refirement account that is part of a section 401(k) arrangement deferrals under a section 403(b) salary reduction agreement F—Elective deferrals under a section 408(k) (ó) salary reduction SEP

—Elective deferrals under a section 408(k) (ó) salary reduction SEP

—Elective deferrals under a section 408(k) (ó) salary reduction SEP

compensation plan

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.

1040 and 1040-SR for how to deduct.

—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.

—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 Forms1040 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)

P—Excludable moving expense reimoursements para unecry to a measure of a finite of the first parameters of the first parameter

Insurance Contracts.

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

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

T—Adaption 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 Taxable.

Z—Income under a nonqualified deferred compensation plan at Taxis 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 403(b) plan BB—Designated Roth contributions under a section 403(b) 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 accountibutions under a tax-exempt organization section 403(b) plan the section 403(b) plan and the section 403(b) plan an

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 filling 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