

d Control Number		1 Wages, tips, other compensation 48848.96	2 Federal income tax withheld 7299.10
b Employer identification number (EIN) 94-2819853		3 Social security wages	4 Social security tax withheld
a Employee's social security number XXX-XX-2967		5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address and ZIP code AUTODESK INC. 111 MCINNIS PARKWAY SAN RAFAEL CA 94903			

7 Social security tips		8 Allocated tips	9
10 Dependent care benefits		11 Nonqualified plans	12a Code C 11.73
12b Code D 2450.12		12c Code DD 2831.07	12d See instructions for box 12
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address and ZIP code
LAKSHMI SUDHEER DAMA
24759 WEST WOODSIDE CT
FARMINGTON HILLS MI 48335

2021 Form W-2	15 State Employer's state I.D. no. MI 94-2819853	16 State wages, tips, etc. 48848.96
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Wage and Tax Statement
Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

17 State income tax 2075.55	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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.

Department of the Treasury - Internal Revenue Service

d Control Number		1 Wages, tips, other compensation 48848.96	2 Federal income tax withheld 7299.10
b Employer identification number (EIN) 94-2819853		3 Social security wages	4 Social security tax withheld
a Employee's social security number XXX-XX-2967		5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address and ZIP code AUTODESK INC. 111 MCINNIS PARKWAY SAN RAFAEL CA 94903			

7 Social security tips		8 Allocated tips	9
10 Dependent care benefits		11 Nonqualified plans	12a Code C 11.73
12b Code D 2450.12		12c Code DD 2831.07	12d
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address and ZIP code
LAKSHMI SUDHEER DAMA
24759 WEST WOODSIDE CT
FARMINGTON HILLS MI 48335

2021 Form W-2	15 State Employer's state I.D. no. MI 94-2819853	16 State wages, tips, etc. 48848.96
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Wage and Tax Statement
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

17 State income tax 2075.55	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Department of the Treasury - Internal Revenue Service

d Control Number		1 Wages, tips, other compensation 48848.96	2 Federal income tax withheld 7299.10
b Employer identification number (EIN) 94-2819853		3 Social security wages	4 Social security tax withheld
a Employee's social security number XXX-XX-2967		5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address and ZIP code AUTODESK INC. 111 MCINNIS PARKWAY SAN RAFAEL CA 94903			

7 Social security tips		8 Allocated tips	9
10 Dependent care benefits		11 Nonqualified plans	12a Code C 11.73
12b Code D 2450.12		12c Code DD 2831.07	12d See instructions for box 12
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address and ZIP code
LAKSHMI SUDHEER DAMA
24759 WEST WOODSIDE CT
FARMINGTON HILLS MI 48335

2021 Form W-2	15 State Employer's state I.D. no. MI 94-2819853	16 State wages, tips, etc. 48848.96
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Wage and Tax Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.

17 State income tax 2075.55	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service

d Control Number		1 Wages, tips, other compensation 48848.96	2 Federal income tax withheld 7299.10
b Employer identification number (EIN) 94-2819853		3 Social security wages	4 Social security tax withheld
a Employee's social security number XXX-XX-2967		5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address and ZIP code AUTODESK INC. 111 MCINNIS PARKWAY SAN RAFAEL CA 94903			

7 Social security tips		8 Allocated tips	9
10 Dependent care benefits		11 Nonqualified plans	12a Code C 11.73
12b Code D 2450.12		12c Code DD 2831.07	12d
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address and ZIP code
LAKSHMI SUDHEER DAMA
24759 WEST WOODSIDE CT
FARMINGTON HILLS MI 48335

2021 Form W-2	15 State Employer's state I.D. no. MI 94-2819853	16 State wages, tips, etc. 48848.96
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Wage and Tax Statement
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

17 State income tax 2075.55	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Department of the Treasury - Internal Revenue Service