|  |               |   |                |             |           |                   |                        |                              | Federal Box 1 | Soc. Sec. Box 3 8    | k 7 Medicare Box 5            |  |
|--|---------------|---|----------------|-------------|-----------|-------------------|------------------------|------------------------------|---------------|----------------------|-------------------------------|--|
|  |               | explanation of t                            |                |             |           |                   | Gross Wage             | es                           | 99073         | .26 99073            | 26 99073.26                   |  |
| Please r   | note that t   | he Gross amour                              | it shown may   | include ac  | djustme   | ents.             | Txbl Benefi            | ts                           | 264           | .56 264.             | 56 264.56                     |  |
|  |               |   |                |             |           |                   | Group Term             | ı Life                       | 98            | .91 98.              | 91 98.91                      |  |
|  |               |   |                |             |           |                   | Adoption               |                              |               |                      |                               |  |
|  |               |   |                |             |           |                   | Deferred Co            | omp                          | (5516.        | 59)                  |                               |  |
|  |               |   |                |             |           |                   | Section 125            | 5                            | (1310.6       | 66) (1310.6          | 66) (1310.66)                 |  |
|  |               |   |                |             |           |                   | Other Preta            | x/Wage Limit                 |               |                      |                               |  |
|  |               |   |                |             |           |                   | W-2 Wages              |                              | 92609         | .48 98126            | 07 98126.07                   |  |
| D. CONTROL<br>000020745                              |               | This Information is<br>to the Internal Reve |                | 2021        | OMB N     | IO. 1545-0008     | 1. WAGES, T            | IPS, OTHER COMPENSA<br>92609 |               | 2. FEDERAL INCOME TA | X WITHHELD<br>13339.86        |  |
| B. EMPLOYER  | R IDENTIFICA  | TION NUMBER                                 | A. EMPLOYEE'S  | SOCIAL SECU | RITY NUN  | MBER              | 3. SOCIAL SE           | CURITY WAGES                 |               | 4. SOCIAL SECURITY T | AX WITHHELD                   |  |
| 86-065265  | 9             |   | 804-21-8951    |             |           |                   |                        | 98126                        | 5.07          |                      | 6083.82                       |  |
| C. EMPLOYER  | R'S NAME, AI  | DDRESS, AND ZIP C                           | ODE            |             |           |                   | 5. MEDICARE            | WAGES AND TIPS               |               | 6. MEDICARE TAX WI   | THHELD                        |  |
| pSemi Corp   |               |   |                |             |           |                   |                        | 98126                        | 5.07          |                      | 1422.83                       |  |
| 9369 Carro<br>San Diego                              |               | re  |                |             |           |                   | 7. SOCIAL SEC          | CURITY TIPS                  |               | 8. ALLOCATED TIPS    |                               |  |
| Jan Diego  | CM 32121      |   |                |             |           |                   |                        |                              |               |                      |                               |  |
|  |               |   |                |             |           |                   | 9.                     |                              |               | 10. DEPENDENT CARE   | BENEFITS                      |  |
| E 51.101.01/55                                       | to super      |   | LAST NA        |             |           | SUFF.             | 44 1101101111          | IEIED DI ANIO                |               | 10 1                 |                               |  |
| Uday Praka   |               | 1E AND INITIAL                              | Dokras         |             |           | SUFF.             | 11. NONQUALIFIED PLANS |                              |               | 12.a-d C             | 98.91<br>5516.59              |  |
| ,  |               |   | Dokias         |             |           |                   |                        |                              |               | - W                  | 1000.00                       |  |
| 500 W RAND RD APT B207<br>Arlington Heights IL 60004 |               |   |                |             | 14. OTHER |                   |                        | W<br>DD                      | 7317.96       |                      |                               |  |
| USA  | icigiito IL ( | .0001                                       |                |             |           |                   |                        |                              |               |                      |                               |  |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE                   |               |   |                |             |           |                   |                        |                              |               | 13. STATUTORY RETI   | REMENT X THIRD PARTY SICK PAY |  |
| 15. STATE<br>IL                                      | 86-06526      | STATE I.D. NO.<br>59 000 1                  | 16. STATE WAGE | 92609.4     |           | 7. STATE INCOME 1 | 4579.27                | 18. LOCAL WAGES, T           | IPS, ETC. 19  | 9. LOCAL INCOME TAX  | 20. LOCALITY NAME             |  |

| D. CONTRO  | L NUMBER                                      | This Information is | s being furnished |             | 0140    | NO 4545 000              |                            | 1. WAGES, TI            | PS, OTHER COMPENSATION          |                          | 2. FEDERAL INCOME TA | X WITHHELD          |
|--|---|---------------------|-------------------|-------------|---------|--------------------------|----------------------------|-------------------------|---------------------------------|--------------------------|----------------------|---------------------|
| 00002074   | 000020745901 to the Internal Re               |                     | venue Service     | 2021        | OMB     | NO. 1545                 | 0. 1545-0008               |                         | 92609.48                        |                          |                      | 13339.86            |
| B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER 3 |   |                     |                   |             |         | 3. SOCIAL SECURITY WAGES |                            |                         | 4. SOCIAL SECURITY TAX WITHHELD |                          |                      |                     |
| 86-0652659 804-21-8951   |   |                     |                   |             |         |                          |                            | 98126.07                |                                 |                          | 6083.82              |                     |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE                                |   |                     |                   |             |         |                          | 5. MEDICARE WAGES AND TIPS |                         |                                 | 6. MEDICARE TAX WITHHELD |                      |                     |
| pSemi Cor  |   |                     |                   |             |         |                          |                            |                         | 98126.07                        |                          | 1422.83              |                     |
|  | 9369 Carroll Park Drive<br>San Diego CA 92121 |                     |                   |             |         |                          |                            | 7. SOCIAL SECURITY TIPS |                                 |                          | 8. ALLOCATED TIPS    |                     |
|  |   |                     |                   |             |         |                          |                            | 9.                      |                                 |                          | 10. DEPENDENT CARE I | BENEFITS            |
| E. EMPLOYE   | EE'S FIRST NAM                                | ME AND INITIAL      | LAST N            | AME         | E SUFF. |                          |                            | 11. NONQUALIFIED PLANS  |                                 |                          | 12.a-d C             | 98.91               |
| Uday Prak  | Uday Prakash                                  |                     |                   | s           |         |                          |                            |                         |                                 |                          | D                    | 5516.59             |
| 500 W RAND RD APT B207   |   |                     |                   |             |         |                          |                            | 14. OTHER               |                                 |                          | w                    | 1000.00             |
| Arlington Heights IL 60004   |   |                     |                   |             |         |                          |                            |                         |                                 | DD                       | 7317.96              |                     |
| USA  |   |                     |                   |             |         |                          |                            |                         |                                 |                          | 13. STATUTORY RETIR  | EMENT X THIRD PARTY |
| F. EMPLOYE   | F. EMPLOYEE'S ADDRESS AND ZIP CODE            |                     |                   |             |         |                          |                            |                         |                                 |                          | EMPLOYEE PLAN        |                     |
| 15. STATE  | EMPLOYER'S                                    | STATE I.D. NO.      | 16. STATE WAG     | ES, TIPS, E | ETC.    | 17. STATE IN             | COME T                     | AX                      | 18. LOCAL WAGES, TIPS, ETC      | . 19                     | LOCAL INCOME TAX     | 20. LOCALITY NAME   |
| IL   | 86-06526                                      | 59 000 1            |                   | 92609       | 9.48    |                          |                            | 4579.27                 |                                 |                          |                      |                     |

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<br>to the Internal Rev |               | 2021         | OMB | NO. 1545-0008      | 1. WAGES, TI               | PS, OTHER COMPENSATION      |     | 2. FEDERAL INCOME TA            |                               |  |
|--|--|---------------|--------------|-----|--------------------|----------------------------|-----------------------------|-----|---------------------------------|-------------------------------|--|
| 000020745901 to the Internal   |  | enue Service  | 2021         |     |                    | 92609.48                   |                             |     | 13339.86                        |                               |  |
| B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER 3 |  |               |              |     |                    | 3. SOCIAL SECURITY WAGES   |                             |     | 4. SOCIAL SECURITY TAX WITHHELD |                               |  |
| 86-0652659 804-21-8951   |  |               |              |     | 98126.07           |                            |                             |     | 6083.82                         |                               |  |
| C. EMPLOYER'S NAME, A  | ADDRESS, AND ZIP O                         | ODE           |              |     |                    | 5. MEDICARE WAGES AND TIPS |                             |     | 6. MEDICARE TAX WITHHELD        |                               |  |
| pSemi Corporation  |  |               |              |     |                    |                            | 98126.07                    |     | 1422.83                         |                               |  |
| 9369 Carroll Park Drive<br>San Diego CA 92121                            |  |               |              |     |                    | 7. SOCIAL SECURITY TIPS    |                             |     | 8. ALLOCATED TIPS               |                               |  |
|  |  |               |              |     |                    | 9.                         |                             |     | 10. DEPENDENT CARE              | BENEFITS                      |  |
| E. EMPLOYEE'S FIRST NA   | ME AND INITIAL                             | LAST NA       | AME          |     | SUFF.              | 11. NONQUALIFIED PLANS     |                             |     | 12.a-d C                        | 98.91                         |  |
| Uday Prakash   |  | Dokras        | 5            |     |                    |                            |                             |     | D                               | 5516.59                       |  |
| 500 W RAND RD APT B207   |  |               |              |     |                    | 14. OTHER                  |                             |     | w                               | 1000.00                       |  |
| Arlington Heights IL 60004<br>USA  |  |               |              |     |                    |                            |                             |     | DD                              | 7317.96                       |  |
| F. EMPLOYEE'S ADDRES   | S AND ZIP CODE                             |               |              |     |                    |                            |                             |     | 13. STATUTORY RETII             | REMENT X THIRD PARTY SICK PAY |  |
|  | 'S STATE I.D. NO.                          | 16. STATE WAG | ES, TIPS, ET | TC. | 17. STATE INCOME T | AX                         | 18. LOCAL WAGES, TIPS, ETC. | 19. | LOCAL INCOME TAX                | 20. LOCALITY NAME             |  |
| IL 86-0652   | 659 000 1                                  |               | 92609.       | 48  |                    | 4579.27                    |                             |     |                                 |                               |  |

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2021

Dept. of the Treasury - Internal Revenue Service

## FORM W-2 Wage and Tax Statement

| D. CONTRO<br>00002074  |                | This Information is<br>to the Internal Rev |               | 2021                            | OMB I | NO. 1545-0008    | 1. WAGES, T             | PS, OTHER COMPENS<br>9260       |              | 2. FEDERAL INCOME TAX WITHHELD  13339.86 |                               |  |
|--|----------------|--|---------------|---------------------------------|-------|------------------|-------------------------|---------------------------------|--------------|--|-------------------------------|--|
| B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NU |                |  | URITY NU      | NUMBER 3. SOCIAL SECURITY WAGES |       |                  |                         | 4. SOCIAL SECURITY TAX WITHHELD |              |  |                               |  |
| 86-0652659 804-21-8951   |                |  |               |                                 |       |                  | 98126.07                |                                 |              | 6083.82                                  |                               |  |
| C. EMPLOYE   | ER'S NAME, A   | DDRESS, AND ZIP (                          | CODE          |                                 |       |                  | 5. MEDICARE             | WAGES AND TIPS                  |              | 6. MEDICARE TAX WI                       | THHELD                        |  |
| pSemi Cor  | rporation      |  |               |                                 |       |                  |                         | 9812                            | 6.07         |  | 1422.83                       |  |
| 9369 Carroll Park Drive<br>San Diego CA 92121                      |                |  |               |                                 |       |                  | 7. SOCIAL SECURITY TIPS |                                 |              | 8. ALLOCATED TIPS                        |                               |  |
|  |                |  |               |                                 |       |                  | 9.                      |                                 |              | 10. DEPENDENT CARE                       | BENEFITS                      |  |
| E. EMPLOYE   | EE'S FIRST NAM | ME AND INITIAL                             | LAST N        | ME                              |       | SUFF.            | 11. NONQUAL             | IFIED PLANS                     |              | 12.a-d C                                 | 98.91                         |  |
| Uday Prak  | kash           |  | Dokra         | 5                               |       |                  |                         |                                 |              | D  | 5516.59                       |  |
| 500 W RA   | ND RD APT      | B207                                       |               |                                 |       |                  | 14. OTHER               |                                 |              | w  | 1000.00                       |  |
| Arlington Heights IL 60004   |                |  |               |                                 |       |                  |                         |                                 | DD           | 7317.96                                  |                               |  |
| USA<br>F. EMPLOYE  | EE'S ADDRESS   | AND ZIP CODE                               |               |                                 |       |                  |                         |                                 |              | 13. STATUTORY RETI                       | REMENT X THIRD PARTY SICK PAY |  |
| 15. STATE  |                | S STATE I.D. NO.                           | 16. STATE WAG |                                 |       | 17. STATE INCOME |                         | 18. LOCAL WAGES,                | TIPS, ETC. 1 | 9. LOCAL INCOME TAX                      | 20. LOCALITY NAME             |  |
| TL.  |                | 559 000 1                                  |               | 92609                           |       |                  | 4579.27                 |                                 |              |  |                               |  |