								Federal Box 1	Soc. Sec. Box 3 8	7 Medicare Box 5			
To the right is an explanation of the contents of the wage boxes on your W-2. Please note that the Gross amount shown may include adjustments.								es ts	163471 412				
.,								Group Term Life 238.6			54 238.64		
							Deferred Comp (19500.00)						
							Section 125	;	(10421.0	06) (10421.0	6) (10421.06)		
							Other Preta	x/Wage Limit		(10901.8	4)		
							W-2 Wages		134201	.84 142800.	00 153701.84		
D. CONTROL 000020745		This Information is to the Internal Reve		2021 C	OMB NO.	1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 134201.84			2. FEDERAL INCOME TAX WITHHELD 13042.99			
		TION NUMBER	A. EMPLOYEE'S	SOCIAL SECUR	RITY NUMBE	R	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TO	4. SOCIAL SECURITY TAX WITHHELD		
86-065265	i9		756-28-6826					142800.00 8853.60					
		DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT			
pSemi Corp 9369 Carro								153701.	84		2228.68		
San Diego		ve					7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS			
							9.			10. DEPENDENT CARE	BENEFITS		
	E'S FIRST NAM	ME AND INITIAL	LAST NA	ME		SUFF.	11. NONQUALIFIED PLANS			12.a-d C	238.64		
Jithender Konda									D	19500.00			
1457 N Winslowe Dr, Unit 102						14. OTHER			W	4500.14			
Palatine IL 60074 USA									DD	26413.92			
F. EMPLOYEE'S ADDRESS AND ZIP CODE										13. STATUTORY RETIR	THIRD PARTY SICK PAY		
15. STATE IL	EMPLOYER'S 86-06526	S STATE I.D. NO. 559 000 1	16. STATE WAG	S, TIPS, ETC. 134201.8		TATE INCOME T	AX 6231.88	18. LOCAL WAGES, TI	PS, ETC. 19	LOCAL INCOME TAX	20. LOCALITY NAME		

D. CONTROL NUMBER 000020745501	This Information is being furnished to the Internal Revenue Service		2021	OMB NO	. 1545-0008	1. WAGES, TI	PS, OTHER COMPEN 1342	ISATION 01.84	2. FEDERAL INCOME TA	AX WITHHELD 13042.99	
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD	
86-0652659 756-28-6826						142800.00			8853.60		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE						5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WIT	6. MEDICARE TAX WITHHELD	
pSemi Corporation						153701.84				2228.68	
9369 Carroll Park Drive San Diego CA 92121						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS	8. ALLOCATED TIPS	
									10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAM	1E AND INITIAL	LAST NA	AME		SUFF.	11. NONQUALIFIED PLANS			12.a-d C	238.64	
Jithender		Konda						D	19500.00		
1457 N Winslowe Dr.	Unit 102					14. OTHER			w	4500.14	
Palatine IL 60074 USA								DD	26413.92		
F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY RETI	REMENT X THIRD PARTY SICK PAY	
	EMPLOYER'S STATE I.D. NO. 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME			18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME				
IL 86-06526	59 000 1		134201	.84		6231.88					

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2021

Dept. of the Treasury - Internal Revenue Service

## FORM W-2 Wage and Tax Statement

D. CONTROL NO 00002074550		This Information is being furnished to the Internal Revenue Service		OMB N	NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSA 13420:		2. FEDERAL INCOME TA	AX WITHHELD 13042.99		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SEC					MBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
86-0652659 756-28-6826						142800.00			8853.60			
C. EMPLOYER'S	NAME, ADDRESS, AND ZIP	CODE				5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WIT	6. MEDICARE TAX WITHHELD		
pSemi Corpo	ration					153701.84			2228.68			
9369 Carroll Park Drive San Diego CA 92121						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS	8. ALLOCATED TIPS		
									10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S	FIRST NAME AND INITIAL	LAST NA	AME		SUFF.	11. NONQUAL	11. NONQUALIFIED PLANS			238.64		
Jithender		Konda							D	19500.00		
1457 N Wins	lowe Dr, Unit 102					14. OTHER			w	4500.14		
Palatine IL 60074									DD	26413.92		
USA F. EMPLOYEE'S	ADDRESS AND ZIP CODE									3. STATUTORY RETIREMENT X THIRD PARTY EMPLOYEE PLAN SICK PAY		
15. STATE EI	STATE EMPLOYER'S STATE I.D. NO. 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME			TAX	18. LOCAL WAGES, 7	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME				
IL 8	6-0652659 000 1		134201.	.84		6231.88						

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	R This Information is being furnished to the Internal Revenue Service			ONAD NIO 4545 0000	1. WAGES, T	PS, OTHER COMPENSATION	2. FEDERAL INCOME TA	2. FEDERAL INCOME TAX WITHHELD		
000020745	5501			2021	OMB NO. 1545-0008		134201.84		13042.99		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUM					URITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
86-0652659 756-28-6826						142800.00			8853.60		
C. EMPLOYER	R'S NAME, AI	DDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WIT	6. MEDICARE TAX WITHHELD		
pSemi Corp	poration						153701.84	2228.68			
9369 Carro		/e				7. SOCIAL SE	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
San Diego	CA 92121										
								10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYER	E'S FIRST NAN	ME AND INITIAL	LAST NA	AME	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d C	238.64		
Jithender			Konda					D	19500.00		
1457 N Wi	inslowe Dr.	Unit 102				14. OTHER		W	4500.14		
	Palatine IL 60074							DD	26413.92		
USA								13 STATUTORY TO RETI	REMENT X THIRD PARTY		
F. EMPLOYER	E'S ADDRESS	AND ZIP CODE						EMPLOYEE PLAN			
15. STATE					TAX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME			
IL	86-06526	59 000 1		134201	.84	6231.88					

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