									Federal Box 1	Soc. Sec. Box	3 & 7 Medicare Box 5	٦
		explanation of t					Gross Wage	es	119417	.98 11941	7.98 119417.9	8
Please no	ote that t	he Gross amour	nt shown may	include	adjustme	ents.	Txbl Benefit	ts	307	.42 30	7.42 307.4	12
							Group Term	Life	122	.63 12	2.63 122.6	3
							Adoption					
							Deferred Co	omp	(6606.	23)		ı
							Section 125	i	(1310.	66) (1310	0.66) (1310.66	5)
							Other Preta	x/Wage Limit				
							W-2 Wages		111931	.14 11853	7.37 118537.3	37
D. CONTROL NO 0000207460		This Information is to the Internal Revo		2021	OMB N	0. 1545-0008	1. WAGES, TI	PS, OTHER COMPENS 11193		2. FEDERAL INCOME	TAX WITHHELD 17661.02	╗
B. EMPLOYER II	IDENTIFICA [*]	TION NUMBER	A. EMPLOYEE'S	SOCIAL SEC	URITY NUN	ИBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY	TAX WITHHELD	
86-0652659			329-95-6220					11853	7.37		7349.32	
C. EMPLOYER'S	S NAME, AI	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX V		
pSemi Corpo								11853	7.37		1718.79	
9369 Carroll San Diego CA		/e					7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS		
							9.			10. DEPENDENT CAR	E BENEFITS	┪
E. EMPLOYEE'S	S FIRST NAN	ME AND INITIAL	LAST NA	AME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	122.6	3
Vinay Kumar	r		Peddir	eddy						D	6606.2	
500 W. Rand	d Road						14. OTHER			w	1000.0	0
B207										DD	7317.9	6
Arlington He USA F. EMPLOYEE'S	-									13. STATUTORY RE	ETIREMENT X THIRD PARTY LAN SICK PAY	
15. STATE E	MPLOYER'S	STATE I.D. NO.	16. STATE WAG			7. STATE INCOME T		18. LOCAL WAGES,	TIPS, ETC. 19	9. LOCAL INCOME TAX	20. LOCALITY NAME	
IL 8	86-06526	59 000 1		111931	1.14		5465.96					

D. CONTROL	NUMBER	This Information is	is being furnished					IPS, OTHER COMPENSAT	ION	2. FEDERAL INCOME TA	AX WITHHELD	
000020746	6001	to the Internal Rev	venue Service	2021	OMB NO. 1545-0008			111931.	14	17661.02		
B. EMPLOYE	R IDENTIFICA	TION NUMBER	A. EMPLOYEE'S	MPLOYEE'S SOCIAL SECURITY NUMBER			3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD	
86-065265	59		329-95-6220					118537.	37		7349.32	
C. EMPLOYE	R'S NAME, A	DDRESS, AND ZIP C	CODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	THHELD	
pSemi Corp								118537.	37		1718.79	
9369 Carroll Park Drive San Diego CA 92121						7. SOCIAL SE	CURITY TIPS		8. ALLOCATED TIPS			
							9.			10. DEPENDENT CARE	BENEFITS	
E. EMPLOYE	E'S FIRST NAM	ME AND INITIAL	LAST N	AME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	122.63	
Vinay Kum	nar		Peddir	eddy						D	6606.23	
500 W. Ra	nd Road						14. OTHER			W	1000.00	
B207										DD	7317.96	
USA	Arlington Heights IL 60004 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY RETI	REMENT X THIRD PARTY SICK PAY	
15. STATE	EMPLOYER'S	S STATE I.D. NO.	16. STATE WAG	ES, TIPS, E	TC.	17. STATE INCOME	TAX	18. LOCAL WAGES, TIF	S, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	
IL	86-06526	59 000 1		111931	1.14		5465.96					

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		2024	OMB N	IO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSATION		2. FEDERAL INCOME TA		
000020746001	to the Internal Rev	enue Service	2021	0111011	15 15 0000		111931.14			17661.02	
B. EMPLOYER IDENTIFIC	ATION NUMBER	A. EMPLOYEE'S	SOCIAL SECU	URITY NUI	MBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
86-0652659 329-95-6220						118537.37			7349.32		
C. EMPLOYER'S NAME,	ADDRESS, AND ZIP (ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	HHELD	
pSemi Corporation							118537.37			1718.79	
9369 Carroll Park Drive San Diego CA 92121						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
						9.			10. DEPENDENT CARE	DENICEITS	
						J.			to. Del el Del III Cane	, cherris	
E. EMPLOYEE'S FIRST NA	ME AND INITIAL	LAST NA	AME		SUFF.	11. NONQUAL	IFIED PLANS	- 1	12.a-d C	122.63	
Vinay Kumar		Peddir	eddy						D	6606.23	
500 W. Rand Road						14. OTHER			W	1000.00	
B207									DD	7317.96	
Arlington Heights IL	60004							L			
USA F. EMPLOYEE'S ADDRES	S AND ZIP CODE							1	13. STATUTORY RETII	THIRD PARTY SICK PAY	
	'S STATE I.D. NO.	16. STATE WAG	ES, TIPS, ET	TC. 1	L7. STATE INCOME T	AX	18. LOCAL WAGES, TIPS, ETC.	19. L	OCAL INCOME TAX	20. LOCALITY NAME	
	659 000 1		111931.			5465.96					

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 NUMB	R This Information is	This Information is being furnished		OMB NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSATION	2. FEDERAL INCOME T	2. FEDERAL INCOME TAX WITHHELD	
000020746001	to the Internal Re	enue Service	2021	OIVIB INO. 1545-0008		111931.14	17661.02		
B. EMPLOYER IDENT	B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SO			IRITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY	4. SOCIAL SECURITY TAX WITHHELD	
86-0652659 329-95-6220						118537.37		7349.32	
C. EMPLOYER'S NAM	IE, ADDRESS, AND ZIP	CODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WI	THHELD	
pSemi Corporation						118537.37		1718.79	
9369 Carroll Park Drive San Diego CA 92121						CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS	
					9.		10. DEPENDENT CARE	BENEFITS	
E. EMPLOYEE'S FIRS	NAME AND INITIAL	LAST NA	AME	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d C	122.63	
Vinay Kumar		Peddir	eddy				D	6606.23	
vina, nama									
500 W. Rand Roa	d				14. OTHER		W	1000.00	
•	d				14. OTHER		W DD	1000.00 7317.96	
500 W. Rand Roa	IL 60004				14. OTHER		DD	7317.96	