Year To Date Earnings

Key Contributor Bonus

Incentive Stock Award/RSA

Group Term Life > \$50,000

Employer HSA Contribution

Regular Hourly Pay Holiday Pay

Hire Bonus

Special Payout

R & R Gift Card

LTD Imputed Income

Year To Date Deductions

128396.16

13703.85

7810.00 20000.00

31776.40

189.00

259.18

1000.00

15.59 576.09

Pre Tax Caf Deduction	1743.96
Incentive Stock Award Fraction	179.41
Critical Illness Insurance	43.16
Reportable Recognition Offset	400.00
ESPP Deduction	12522.67
Offset Incent Stock Award/RSA	22624.83
401(k) EE Contributions	8421.29
401k Bonus	10343.00
Ltd Imputed Income	259.18
HSA Employer Contribution	1000.00
HSA Employee Cont. Single	2600.00

006-003049-W2-27606-CADENCE-1 of 2

Cadence Design Systems, Inc. 4989 S State Street PO 57548

Murray, UT 84157

Social Security No.: XXX-XX-1563

a Employee's social security number d Control number 7 Social security tips 1 Wages, tips, other compensation 2 Federal income tax withheld 179618.02 31896.32 XXX-XX-1563 026233 WY/08K c Employer's name, address, and ZIP code 8 Allocated tips 3 Social security wages 4 Social security tax withheld 8853.60 Cadence Design Systems, Inc. 4989 S State Street 142800.00 5 Medicare wages and tips 6 Medicare tax withheld PO 57548 198<u>382.31</u> 2876.54 Murray, UT 84157 10 Dependent care benefits 12a See instructions for box 12 12b b Employer identification number (EIN) 77-0148231 189.00 D 18764.29 C 11 Nongualified plans e Employee's first name and initial Last name SATYA SOMESWARA KAUSHIK YANAMANDRA Suff. 12c 12d **W** DD 6677.88 3600.00 Retirement Third-party plan sick pay 2325 CHAMPION CT 13 Statutory 14 Other employee RALEIGH, NC 27606 х 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 0893434-UC 79141.00 4292.37 GA



Form W-2 Wage and Tax Statement

Сору

Employee's

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.

	Vage and Tax Stater	nent	State Filing Co	De De		of the Tre	Nith Employee's State, Ci asury-Internal Revenue Se	rvice.	
a Employee's social security number XXX-XX-1563	d Control number 026233 WY/08K		7 Social secu	urity tips		1 Wages	, tips, other compensation 179618.02	2 Federa	al income tax withheld 31896.32
c Employer's name, address, and ZIP code Cadence Design Systems, Inc.			8 Allocated tips			3 Social s	security wages 142800.00	4 Social security tax withheld 8853.60	
4989 S State Street PO 57548 Murray, UT 84157			9			5 Medica	re wages and tips 198382.31	6 Medicare tax withheld 2876.54	
b Employer identification number (EIN	^{J)} 77-0148231		10 Dependent care benefits			° 12a See ^d C	instructions for box 12 189.00	^C 12b ª D	18764.29
e Employee's first name and initial Last name Suff. SATYA SOMESWARA KAUSHIK YANAMANDRA			11 Nonqualified plans		C12c DD	6677.88	ି 12d ଔଷା	3600.00	
2325 CHAMPION CT RALEIGH, NC 27606		,	Retirement plan	Third-party sick pay	14 Other				
f Employee's address and ZIP code			x						
15 State Employer's State ID No 16 S GA 0893434-UC	State wages, tips, etc. 79141.00	17 State income 4	e tax 1292.37	18 Local	wages, tip	os, etc.	19 Local income tax	20	Locality name

2021 OMB No. 1545-0008 Form W-	2 Wage and Tax Stater		Federal Filing Co	Copy B - To Py Department		With Employee's FEDERA asury-Internal Revenue Se		əturn.	
a Employee's social security num XXX-XX-1563	ber d Control number 026233 WY/08K		7 Social secu	irity tips	1 Wages	, tips, other compensation 179618.02	2 Federa	al income tax withheld 31896.32	
c Employer's name, address, and Cadence Design System			8 Allocated tip	ps	3 Social s	security wages 142800.00	4 Social	security tax withheld 8853.60	
4989 S State Street PO 57548 Murray, UT 84157 b Employer identification number (EIN) 77-0148231			9		5 Medica	re wages and tips 198382.31	6 Medicare tax withheld 2876.54		
				t care benefits	C12a See	instructions for box 12 189.00	C 12b	18764.29	
e Employee's first name and initial Last name Suff.			11 Nonqualifi	ed plans	C12c	6677.88	^C 12d ª ₩	3600.00	
2325 CHAMPION CT RALEIGH, NC 27606			Retirement Third-party plan sick pay	14 Other	14 Other				
f Employee's address and ZIP cod		x							
15 State Employer's State ID No GA 0893434-UC	16 State wages, tips, etc. 79141.00	17 State income 4	tax 292.37	18 Local wages, tip	os, etc.	19 Local income tax	20	Locality name	

006-003049-W2-27606-CADENCE-2 of 2

Cadence Design Systems, Inc. 4989 S State Street PO 57548

Murray, UT 84157

Social Security No.: XXX-XX-1563

			7 Social secu	rity tips	1 Wages	, tips, other compensation	2 Federal income tax withheld	
XXX-XX-1563	026233 WY/08K							
c Employer's name, address, and ZIP code			8 Allocated tips		3 Social security wages		4 Social security tax withheld	
Cadence Design Systems, Inc. 4989 S State Street PO 57548		9		5 Medicare wages and tips		6 Medicare tax withheld		
Murray, UT 84157			10 Dependen	t care benefits	^C 12a See instructions for box 12		C12b	
b Employer identification number (EIN)	77-0148231		To Dependen	t cure benefits	d e		d e	
e Employee's first name and initial Last name Suff.			11 Nonqualified plans		C₀ d d d		C₀ d d e	
2325 CHAMPION CT RALEIGH, NC 27606				Retirement Third-party plan sick pay	14 Other			
f Employee's address and ZIP code			401 1 11		10.1			
15 State Employer's State ID No 16 St NC 101033854	tate wages, tips, etc. 100477.02	17 State income 5	tax 129.00	18 Local wages, tip	os, eic.	19 Local income tax	20	Locality name



Form W-2 Wage and Tax Statement

 Employee's
 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 OMB No. 1545-0008 Form W-2	Wage and Tax Stater	ment	State Filing Co	10.1			Vith Employee's State, Cit asury-Internal Revenue Ser		al Income Tax Return.	
a Employee's social security numbe			7 Social secu	rity tips		1 Wages	, tips, other compensation	2 Federa		
XXX-XX-1563	026233 WY/08K						179618.02	10 11	31896.32	
c Employer's name, address, and ZI			8 Allocated tip	ps		3 Social s	security wages	4 Social security tax withheld		
Cadence Design Systems	, Inc.		-				142800.00	8853.60		
4989 S State Street PO 57548			9			5 Medica	re wages and tips	6 Medicare tax withheld		
Murray, UT 84157					198382.31		-	2876.54		
b Employer identification number (EIN) 77–0148231			10 Dependent care benefits		o 12a See	instructions for box 12	c 12b			
e Employee's first name and initial Last name Suff. SATYA SOMESWARA KAUSHIK YANAMANDRA 2325 CHAMPION CT RALEICH, NC 27606		Suff.	11 Nonqualified plans 13 Statutory Retirement Third-party employee plan sick pay			C 12c		ି 12d ଜୁ		
					14 Other	-				
f Employee's address and ZIP code			x							
15 State Employer's State ID No 16	State wages, tips, etc.	17 State income	tax	18 Local	wages, tip	s, etc.	19 Local income tax	20	Locality name	
NC 101033854	100477.02	5	129.00							

2021 OMB No. 1545-0008 Form W-	<u>2 Wag</u> e and Tax Stater		Federal 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 XXX-XX-1563	ber d Control number 026233 WY/08K		7 Social secu	rity tips	1 Wages	, tips, other compensation	2 Federal incor	ne tax withheld		
c Employer's name, address, and	ZIP code		8 Allocated tip	os	3 Social security wages		4 Social security tax withheld			
Cadence Design Systems, Inc. 4989 S State Street PO 57548			9		5 Medicare wages and tips		6 Medicare tax withheld			
Murray, UT 84157 b Employer identification number	(EIN) 77-0148231		10 Dependent	t care benefits	C12a See instructions for box 12		C 12b			
e Employee's first name and initial Last name Suff. SATYA SOMESWARA KAUSHIK YANAMANDRA 2325 CHAMPION CT RALEIGH, NC 27606			11 Nonqualifie	ed plans	C 12c		C 12d			
			employee	Retirement Third-party plan sick pay	14 Other		· · · · ·			
f Employee's address and ZIP cod	de									
15 State Employer's State ID No NC 101033854	16 State wages, tips, etc. 100477.02	17 State income 5	tax 129.00	18 Local wages, tip	os, etc.	19 Local income tax	20 Locality	y 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

Do your have to finer relief to the institutuous for routes to you and to yours to determine you are required to the a tax return. Even if you do not have to file a tax return, you may be digible for a return of the you are religible for a ranger come (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify 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 immate at a penal institution. For 2021 income limits and more information, visit www.irs.gov/etic. See also Pub. 596, Earned income Credit. Any EIC that is more than your tax liability is refunded to you, but or mployen 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 teor to ask the employer foil 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-2. Be sure to get your copies of Form W-2c from your social security card, you also visit the SSA at www.socialsecurity.gov.

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reporting in box 12, using code DD, of the cost of engloyer-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 railcoad 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 railcoad 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 Withhold, you may also be able to claim a credit.

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 licome fax withheld line of your tax return. Box 3. Enter this amount on the federal licome fax withheld line of your tax return. Box 4. Enter this amount on the federal licome fax withheld ine 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 1040-58 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 is so your tax return, see the Instructions for Forms 1040 and 1040-58. 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. Use Form 4137 to figure the social security and Medicare tax owed on tips you received, report that amount even if it is more or east that he allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you or incurred 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 east than the allocated tips. Use Form 4137 to figure the social security receiving and Medicare tax owed on tips you din't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips 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 or set social security to social security received a stable for social security received a taxable for social security received a 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 ounder an ongualified or section 457(b) plan, or (b) included in box 3 and/or box 5 if is a prior year deferral secause

Should nee form system of the system of the

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(b) 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 military 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. Buildculors for Forms 1040 and 1040-SR. See the Build unit form 1040 or 1040-SR. See the Build unit form 1040 or 1040-SR. See the Instructions for Forms 1040 and 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 retirement account that is part of a section 401(k) arrangement. — Elective deferrals under a section 403(k) (salary reduction server) — Elective deferrals under a section 403(k) (salary reduction SEP — Elective deferrals under a section 403(k) (salary reduction SEP — Elective deferrals) and employer contributions (including nonelective deferrals) to a section 457(b) deferred Market Section 457(b) deferred

compensation plan H—Elective deferrats 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. "An observation of guaranteements of the management of the manage

P—Excludable moving expense reimpursements pair unequity to a motion of the interval of the

Temployer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.
 Semployee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)
 Tempdoption 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 roporting 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 8899, Health Savings Accounts (HSAs).
 Y—Deferrals under a section 409A nonqualified deferred compensation plan at Zavings Accounts (HSAs).
 Y—Deferrals under a section 409A nonqualified deferred compensation plan at Zavings Accounts (HSAs).
 Y—Deferrals under a section 409A nonqualified deferred compensation plan At Zavings Accounts (HSAs).
 Y—Deferrals under a section 409A nonqualified deferred compensation plan Bio Designated Roth contributions under a section 401(k) 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 a section 400 the 37(b) plan.

EC-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, Their 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 filing 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