

Copy B — To Be Filed With Employee's FEDERAL Tax Return		Form W-2 Wage and Tax Statement		OMB No. 1545-0008
<b>2021</b>		<b>1</b> Wages, tips, other comp. 13856.20	<b>2</b> Federal income tax withheld 3048.36	
<b>a</b> Employee's SSN 899-24-1563	<b>3</b> Social security wages 13856.20	<b>4</b> Social security tax withheld 859.08		
<b>b</b> Employer ID No. (EIN) 75-0289970	<b>5</b> Medicare wages and tips 13856.20	<b>6</b> Medicare tax withheld 200.91		
<b>c</b> Employer's name, address and ZIP code TEXAS INSTRUMENTS INCORPORATED P. O. BOX 650311 MAIL STATION 3990 DALLAS, TX 75265				
<b>d</b> Control number 5716352174				
<b>e — f</b> Employee's name, address and ZIP code SATYA SOMESWARA KAUSHIK YANAMANDRA 2325 CHAMPION COURT RALEIGH, NC 27606				
<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>9</b>		
<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b> code See instr. for box 12		
<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b> code		
<b>14</b> Other		<b>12c</b> code		
		<b>12d</b> code		
<b>15</b> State GA	Employer's state ID no. 9056984-SS	<b>16</b> State wages, tips, etc. 13856.20	<b>17</b> State income tax 692.81	
<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax	<b>20</b> Locality name	

Department of the Treasury — Internal Revenue Service

Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return		Form W-2 Wage and Tax Statement		OMB No. 1545-0008
<b>2021</b>		<b>1</b> Wages, tips, other comp. 13856.20	<b>2</b> Federal income tax withheld 3048.36	
<b>a</b> Employee's SSN 899-24-1563	<b>3</b> Social security wages 13856.20	<b>4</b> Social security tax withheld 859.08		
<b>b</b> Employer ID No. (EIN) 75-0289970	<b>5</b> Medicare wages and tips 13856.20	<b>6</b> Medicare tax withheld 200.91		
<b>c</b> Employer's name, address and ZIP code TEXAS INSTRUMENTS INCORPORATED P. O. BOX 650311 MAIL STATION 3990 DALLAS, TX 75265				
<b>d</b> Control number 5716352174				
<b>e — f</b> Employee's name, address and ZIP code SATYA SOMESWARA KAUSHIK YANAMANDRA 2325 CHAMPION COURT RALEIGH, NC 27606				
<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>9</b>		
<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b> code See instr. for box 12		
<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b> code		
<b>14</b> Other		<b>12c</b> code		
		<b>12d</b> code		
<b>15</b> State GA	Employer's state ID no. 9056984-SS	<b>16</b> State wages, tips, etc. 13856.20	<b>17</b> State income tax 692.81	
<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax	<b>20</b> Locality name	

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

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