							Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5	
				je boxes on your W-2.	Gross Wage	s	121280.	19 121280.:	121280.19	
Please note that	the Gross amou	nt shown may	include a	adjustments.	Txbl Benefit	s	823.	50 823.5	50 823.50	
					Group Term	Life	69.9	90 69.9	90 69.90	
					Adoption					
					Deferred Co	mp	(3694.7	9)		
					Section 125		(1465.9	2) (1465.9	2) (1465.92)	
					Other Preta	x/Wage Limit				
					W-2 Wages		117012.	88 120707.6	120707.67	
D. CONTROL NUMBER 002168995601	This Information is to the Internal Rev		2021	OMB NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENS 11701		2. FEDERAL INCOME TA	WITHHELD 9446.74	
B. EMPLOYER IDENTIFICA	TION NUMBER	A. EMPLOYEE'S	SOCIAL SEC	URITY NUMBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
36-2440683		628-49-3630				12070	7.67		7483.88	
C. EMPLOYER'S NAME, A		ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WITI		
Schneider Electric US 1111 PASQUINELLI D						12070	7.67		1750.26	
SUITE 100					7. SOCIAL SEC	URITY TIPS		8. ALLOCATED TIPS		
Westmont IL 60559-	1224				9.			10. DEPENDENT CARE B	ENEFITS	
E. EMPLOYEE'S FIRST NAI	ME AND INITIAL	LAST NA	AME	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	69.90	
Sandeep Sharma								D	3694.79	
406 Aventura Drive Mount Juliet TN 3712 USA	22				14. OTHER			W DD	1400.00 18967.92	
F. EMPLOYEE'S ADDRESS	AND ZIP CODE							EMPLOYEE - PLAN	EMENT X THIRD PARTY SICK PAY	
15. STATE EMPLOYER	S STATE I.D. NO.	16. STATE WAG	ES, TIPS, E	TC. 17. STATE INCOME T	AX	18. LOCAL WAGES,	TIPS, ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME	

D. CONTROL NUMBER 002168995601	This Information is to the Internal Re		2021	OMB NO.	1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 117012.88		2. FEDERAL INCOME TAX WITHHELD 9446.74				
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER				URITY NUMBE	₹	3. SOCIAL SE	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
36-2440683 628-49-3630						120707.67				7483.88		
C. EMPLOYER'S NAME,	ADDRESS, AND ZIP (ODE				5. MEDICARE WAGES AND TIPS				6. MEDICARE TAX WITHHELD		
Schneider Electric U	SA, Inc					120707.67				1750.26		
SUITE 100	1111 PASQUINELLI DRIVE SUITE 100						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
Westmont IL 60559-1224								:	10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.				SUFF.	11. NONQUALIFIED PLANS			:	12.a-d C		69.90	
Sandeep		Sharm	ıa							D		3694.79
406 Aventura Drive						14. OTHER				W		1400.00
Mount Juliet TN 37122 USA										DD	1	.8967.92
F. EMPLOYEE'S ADDRESS AND ZIP CODE										13. STATUTORY RETIR		PARTY D
	'S STATE I.D. NO.	16. STATE WAG	ES, TIPS, ET	TC. 17. ST	TATE INCOME T	AX	18. LOCAL WAGES,	TIPS, ETC.	19. l	LOCAL INCOME TAX	20. LOCALITY N	AME

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 002168995601	This Information is to the Internal Rev		ONAP NO 1545 00		1. WAGES, TIPS, OTHER COMPENSATION 117012.88			2. FEDERAL INCOME TAX WITHHELD 9446.74			
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE!				RITY NUMBER	3. SOCIAL SE	CURITY WAGES	.2.00	4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
36-2440683 628-49-3630					120707.67			7483.88			
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP O	ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	6. MEDICARE TAX WITHHELD		
Schneider Electric US						12070	7.67		1750.26		
1111 PASQUINELLI DRIVE SUITE 100						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
Westmont IL 60559-	1224				9.			10. DEPENDENT CARE	BENEFITS		
E. EMPLOYEE'S FIRST NAI	ME AND INITIAL	LAST NA		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	69.90		
Sandeep		Sharm	a					D	3694.79		
406 Aventura Drive					14. OTHER			W	1400.00		
Mount Juliet TN 3712 USA	.2							DD	18967.92		
F. EMPLOYEE'S ADDRESS	AND ZIP CODE							13. STATUTORY RETI	REMENT X THIRD PARTY SICK PAY		
15. STATE EMPLOYER	S STATE I.D. NO.	16. STATE WAG	ES, TIPS, ET	. 17. STATE INCOME	ΓΑX	18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		

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 002168995601	R This Information is to the Internal Re	is being furnished evenue Service 202		OMB N	3 NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 117012.88			2. FEDER	2. FEDERAL INCOME TAX WITHHELD 9446.74		
B. EMPLOYER IDENT	IFICATION NUMBER	A. EMPLOYEE'S	SOCIAL SECURITY NUMBER			3. SOCIAL SECURITY WAGES			4. SOCIAL	4. SOCIAL SECURITY TAX WITHHELD		
36-2440683		628-49-3630				120707.67				7483.88		
C. EMPLOYER'S NAM	IE, ADDRESS, AND ZIP	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDIC	ARE TAX WI	THHELD	
Schneider Electri	USA, Inc						12070	7.67			1750.26	
1111 PASQUINELLI DRIVE SUITE 100						7. SOCIAL SEC		8. ALLOC	8. ALLOCATED TIPS			
Westmont IL 60559-1224						9.		10. DEPEN	10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRS	NAME AND INITIAL	LAST N	AME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C		69.90	
Sandeep		Sharm	na						D		3694.79	
406 Aventura Dr	ve					14. OTHER			w		1400.00	
Mount Juliet TN : USA	37122								DE)	18967.92	
F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUT EMPLO		REMENT X THIRD PARTY SICK PAY	
	YER'S STATE I.D. NO.	16. STATE WAG	ES, TIPS, E	TC.	17. STATE INCOME 1	AX	18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL IN	COME TAX	20. LOCALITY NAME	