## **Employee Reference Copy** Wage and Tax Statement Copy C for employee's records. Dept. Corp. Employer use only

2

003754 SANF/M98 004010 Employer's name, address, and ZIP code

645 Α

ACCURAY INCORPORATED 1310 CHESAPEAKE TERRACE SUNNYVALE CA 94089

Batch #01823

e/f Employee's name, address, and ZIP code

ANURADHA SREEPADA 915 BLACKMORE DR **DELAWARE OH 43015** 

b	Employer's FED ID number 20-8370041	a Employee's SSA number XXX - XX - 1534
1	Wages, tips, other comp.	2 Federal income tax withheld
3	Social security wages	4 Social security tax withheld
5	Medicare wages and tips	6 Medicare tax withheld
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12 DD 23645 . 40
14	Other	12b
		12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pa
	State Employer's state ID no	o. 16 State wages, tips, etc.
C	OH 54-1306635	
17	State income tax	18 Local wages, tips, etc.
19	Local income tax	20 Locality name

ADDITIONAL W-2 FOR BOX 12 OR BOX 14 OVERFLOW

ANURADHA SREEPADA 915 BLACKMORE DR **DELAWARE OH 43015** 

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1	Wages, tips, other o	omp.	2	Federa	lincome	tax withheld
3	Social security wag	es	4	Social	security	tax withheld
5	Medicare wages and	d tips	6	Medica	are tax wit	thheld
d	Control number	Dept.		Corp.	Emplo	yer use only
00	03754 SANF/M98	004010			Α	645

Employer's name, address, and ZIP code ACCURAY INCORPORATED 1310 CHESAPEAKE TERRACE SUNNYVALE CA 94089

b	Employer's FED ID number 20-8370041	a Employee's SSA number XXX-XX-1534
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12 DD 23645.40
14	Other	12b
		12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pay
6/1	Employee's name address at	nd 7IP code

ANURADHA SREEPADA 915 BLACKMORE DR DELAWARE OH 43015

15 State OH	Employer's state ID no. 54-1306635	16 State wages, tips, etc.
17 State	income tax	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return.

1	Wages, tips, other o	comp.	2	Federa	I income t	tax withheld
3	Social security wag	es	4	Social	security t	ax withheld
5	Medicare wages an	d tips	6	Medica	are tax wit	hheld
d	Control number	Dept.		Corp.	Employ	yer use only
00	3754 SANF/M98	004010			Α	645
С	Employer's name, a	ddress, aı	nd	ZIP cod	e	
	ACCURAY	/ INCC	R	POR	ATED	
	1310 CHE	SAPE	٩k	(E T	ERRAC	E
	SUNNYVA	LE CA	4	9408	9	

b	Employer's FED ID number 20-8370041	a Emp	oloy (	ee's SS	A numbe <b>X-153</b>	er <b>4</b>
7	Social security tips	8 Allo	cat	ed tips		
9		10 Dep	eno	lent care	benefit	s
11	Nonqualified plans	12a Di	DΙ	2	3645.	40
14	Other	12b	Ī			
		12c	ī			
		12d				
		13 State	emp.	Ret. plan	3rd party	sick pay

e/f Employee's name, address and ZIP code

ANURADHA SREEPADA 915 BLACKMORE DR DELAWARE OH 43015

15 State OH	Employer's state ID no. 54-1306635	16 State wages, tips, etc.
17 State	income tax	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name

OH	I.State Reference Copy	
W-2	Wage and Tax 2021	
	OMB No 1545-0008	
ony 2 to be filed with	employee's State Income Tax Refurn.	

1	Wages, tips, other o	comp.	2	Federa	l income	tax withheld
3	Social security wag	es	4	Social	security	tax withheld
5	Medicare wages an	d tips	6	Medica	are tax w	ithheld
d	Control number	Dept.		Corp.	Emplo	yer use only
00	3754 SANF/M98	004010			Α	645
С	Employer's name, a	ddress, aı	nd	ZIP cod	е	

ACCURAY INCORPORATED 1310 CHESAPEAKE TERRACE SUNNYVALE CA 94089

b	Employer's FED ID number 20-8370041	a	E	mpl		e's S XX-				
7	Social security tips	8	Α	lloc	ate	d tips				
9		10	D	ере	nd	ent ca	re	e be	enefi	ts
11	Nonqualified plans	12		DD			2	36	45.	40
14	Other	12	2b		1					
		12	2c		ī					
		12	2d		1					
		13	3 S	tat e	mp.	Ret. p	an	3rd	part	y sick p

e/f Employee's name, address and ZIP code

ANURADHA SREEPADA 915 BLACKMORE DR DELAWARE OH 43015

15 State Employer's state ID OH 54-1306635	no. 16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

OH.State Filing Cop Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.