2022 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's record Control number Corp. Employer use only LOSA/ADR 207

Employer's name, address, and ZIP code

CORNERSTONE ONDEMAND INC 1601 CLOVERFIELD BL STE SANTA MONICA CA 90404

Batch #02701

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

VENKATESH SHIVA 8787 SIENNA SPRINGS BLVD. **APT #314**

M	ISSC	URI	CITY	TX 7	77	45	9				
b	Emplo		ED ID nu)68197		а	En		yee's SS XXX-X			r
1	Wage	s, tips,	other co	mp.	2	Fe	dera	I income	tax	with	held
			14972	9.00					16	348	.54
3	Social	l securi	ty wages		4	Sc	cial	security			
			14700	0.00					9	114	.00
5	Medic	are wa	ges and t		6	Me	dica	re tax wi			
			170229	9.00					2	468	.32
7	Social	securi	ty tips		8	All	ocat	ed tips			
9					10	De	pend	lent care	ben	efits	
11	Nonqu	alified	plans				e inst	ructions fo		(12 3.3	4
11	Other				12		DΙ	2		0.0	
	Other		.00 SDI		12	_	W			<u>55.1</u>	
		1	601.60 SD	l	12		D			<u> 86.9</u>	
					13	Sta	t emp	Ret. plan	3rd p	oarty s	sick pay
15	State	Emplo	yer's sta	te ID no	. 16	Sta	ate w	ages, tip	s, e	tc.	
(CA	454-0	742 6					1	130	593	.76
17 State income tax			18 Local wages, tips, etc.								
			8300	6.82							
19 Local income tax			20 Locality name								

Federal income tax withheld 149729.00 16348.54 Social security wages 147000.00 Social security tax withheld 9114.00 Medicare tax withheld 2468.32 Medicare wages and tips 170229.00 d Control number Dept Employer use only 655 106355 LOSA/ADR 207 Employer's name, address, and ZIP code

CORNERSTONE ONDEMAND INC 1601 CLOVERFIELD BL STE SANTA MONICA CA 90404

b	Employer's FED ID number 13-4068197	a Employee's SSA number XXX-XX-6179						
7	Social security tips	8 A	8 Allocated tips					
9		10 Dependent care benefits						
11	Nonqualified plans	12a	See C	instructions for box 12 83.34				
14	Other	12b	D	20500.00				
	.00 SDI	12c	W	7255.11				
	1601.60 SDI		DD	10786.97				
				Ret. plan 3rd party sick pay				
- 11	- # Formula consistence of a decomposition of the section of the s							

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

VENKATESH SHIVA 8787 SIENNA SPRINGS BLVD. **APT #314 MISSOURI CITY TX 77459**

,	15 C	State A	Employer's state ID no 454-0742 6	16	State wages, tips, etc. 130593.76
1	17	State	income tax	18	Local wages, tips, etc.
			8306.82		
1	19	Local	income tax	20	Locality name
L					
Γ			Federal Fi	ling	Copy

Wage and Tax Statement Copy B to be filed with employee's Federal Income Ta This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	178,583.69	178,583.69	178,583.69	152,108.99
Plus GTL (C-Box 12)	83.34	83.34	83.34	67.14
Less 401(k) (D-Box 12)	20,500.00	N/A	N/A	20,500.00
Less Other Cafe 125	2,349.58	2,349.58	2,349.58	1,811.53
Less Cafe 125 HSA (W-Box 12)	6,088.45	6,088.45	6,088.45	N/A
Plus ER PAID HSA (W-Box 12)	N/A	N/A	N/A	729.16
Wages Over Limit	N/A	23,229.00	N/A	N/A
Reported W-2 Wages	149,729.00	147,000.00	170,229.00	130,593.76

2. Employee Name and Address.

VENKATESH SHIVA 8787 SIENNA SPRINGS BLVD. APT #314 **MISSOURI CITY TX 77459**

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1 Wages, tips, other comp. 149729.00				2 Federal income tax withheld 16348.54		
3 Social security wages 147000.00			4 Social	security 1	tax withheld 9114.00	
5 Medicare wages and tips 170229.00			6 Medica	are tax wit	thheld 2468.32	
d	d Control number Dept.		Corp.	Employ	er use only	
106355 LOSA/ADR 207			T	655		
c Employer's name, address, and ZIP code						

CORNERSTONE ONDEMAND INC 1601 CLOVERFIELD BL STE SANTA MONICA CA 90404

b	Employer's FED ID number 13-4068197	a Employee's SSA number XXX-XX-6179				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a C 67.14				
14	Other	^{12b} D 20500.00				
	1601.60 CA SDI	^{12c} W 4050.16				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				

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

VENKATESH SHIVA 8787 SIENNA SPRINGS BLVD. **APT #314 MISSOURI CITY TX 77459**

15 State Employer's state ID	no. 16 State wages, tips, etc.
CA 454-0742 6	130593.76
17 State income tax	18 Local wages, tips, etc.
8306.82	
19 Local income tax	20 Locality name

CA.State Reference

Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax

Copy

1	1 Wages, tips, other comp. 149729.00			Federa	Il income tax 16	withheld 348.54
3	3 Social security wages 147000.00			4 Social security tax withheld 9114.00		
5 Medicare wages and tips 170229.00			6	Medica	are tax withhe	eld 468.32
d	Control number	Dept.		Corp.	Employer	use only
10	6355 LOSA/ADR	207			T	655

Employer's name, address, and ZIP code

CORNERSTONE ONDEMAND INC 1601 CLOVERFIELD BL STE SANTA MONICA CA 90404

b	Employer's FED ID number 13-4068197	a Employee's SSA number XXX-XX-6179			
7	Social security tips	8 Allocated tips			
9		10 Dependent care benefits			
11	Nonqualified plans	12a C 67.14			
14	Other	^{12b} D 20500.00			
	1601.60 CA SDI	^{12c} W 4050.16			
		12d			
		13 Stat emp. Ret. plan 3rd party sick party			

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

VENKATESH SHIVA 8787 SIENNA SPRINGS BLVD. **APT #314 MISSOURI CITY TX 77459**

15 State	Employer's state ID no. 454-0742 6	16 State wages, tips, etc. 130593.76
17 State	income tax	18 Local wages, tips, etc.
	8306.82	
19 Loca	I income tax	20 Locality name
		-

CA.State Filing Copy and

Wage Statement Copy 2 to be filed with employee's State Income Tax Box 1. Enter this amount on the wages line of your tax return. Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions 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 in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200.000.

Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions

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 tip amount unless you can prove with adequate records that you received 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 less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn'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 includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified 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 under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same year. If you made a detertar and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective may need this miormation to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.

have allowed an additional deterral of up to 50.500 (53.000 for section 401(k)(11) and 408(p) 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 Form 1040 instructions.

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

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B-Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C-Taxable cost of group-term life insurance over \$50,000 (included in

boxes 1, 3 (up to the social security wage base), and 5) D—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.

E-Elective deferrals under a section 403(b) salary reduction agreement F-Elective deferrals under a section 408(k)(6) salary reduction SEP

G-Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H-Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J-Nontaxable sick pay (information only, not included in box 1, 3, or 5) K-20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L-Substantiated employee business expense reimbursements (nontaxable)

M-Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N-Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040

P-Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q-Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

Adoption Expenses, to figure any taxable and nontaxable amount V—Income from exercise of nonstatutory stock option(s) (inc boxes 1, 3 (up to the social security wage base), and 5). Set Taxable and Nontaxable Income, for reporting requirements.

W-Employer contributions (including amounts the employer contribute using a section 125 (cafeteria) plan) to your health account. Report on Form 8889, Health Savings Accounts (H

Y-Deferrals under a section 409A nonqualified deferred compet **Z**-Income under a nonqualified deferred compensation plan satisfy section 409A. This amount is also included in box 1. It to an additional 20% tax plus interest. See the Form 1040 ins

AA-Designated Roth contributions under a section 401(k) p BB-Designated Roth contributions under a section 403(b) DD—Cost of employer-sponsored health coverage. The amreported with code DD is not taxable.

EE-Designated Roth contributions under a governmental se 457(b) plan. This amount does not apply to contributions und tax-exempt organization section 457(b) plan.

FF-Permitted benefits under a qualified small employer hea reimbursement arrangement

GG-Income from qualified equity grants under section 83(i) HH-Aggregate deferrals under section 83(i) elections as of of the calendar year

Box 13. If the "Retirement plan" box is checked, special limit to the amount of traditional IRA contributions you may deduc 590-A, Contributions to Individual Retirement Arrangements (Box 14. Employers may use this box to report information so state disability insurance taxes withheld, union dues, uniform health insurance premiums deducted, nontaxable income, et assistance payments, or a member of the clergy's parsonage and utilities. Railroad employers use this box to report railrox retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Med and Additional Medicare Tax. Include tips reported by the enthe employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after th for filing your income tax return. However, to help **protect you security benefits**, keep Copy C until you begin receiving so security benefits, just in case there is a question about your record and/or earnings in a particular year.

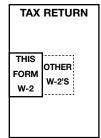
Department of the Treasury - Internal Revenue Ser

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (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 can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't 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 inco correct Copies B, C, and 2 and ask your employer t correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and T Statement, with the SSA to correct any name, SSN money amount error reported to the SSA on Form \ sure to get your copies of Form W-2c from your em for all corrections made so you may file them with y return. If your name and SSN are correct but aren't same as shown on your social security card, you sh ask for a new card that displays your correct name SSA office or by calling 800-772-1213. You may als the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if cost is provided by the employer). The reporting 12, using code DD, of the cost of employer-sponso health coverage is for your information only. The ar reported with code DD is not taxable.

Credit for excess taxes. If you had more than on employer in 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) were withheld, you may be able to claim a credit excess against your federal income tax. See the 1040 instructions. If you had more than one railro employer and more than \$5,350.80 in Tier 2 RR1 was withheld, you may be able to claim a refund Form 843. See the Instructions for Form 843.