<b>a</b> Employe	ree's SSN 0/3-U0-ZU	U⊥	<b>D</b> Employer identification r	umber (EIN) ∠ / - ∪ o ∂		OMB No. 1545-0008	
C Employer's name, address, and ZIP code ADISYS CORPORATION			<b>1</b> Wgs, tips, other compn 85191.44	<b>2</b> Fed inc tax withheld 9887.00	3 Social security wages 85191.44	Form <b>W-2</b>	
1 LAKE BELLEVUE DR STE 209			<b>4</b> SS tax withheld 5281.87	<b>5</b> Medicare wages & tips 85191.44	6 Medicare tax withheld 1235.28	Wage and Tax	
BELLEVUE WA 98005			7 Social security tips	8 Allocated tips	9	Statement	
d Control number			10 Depdnt care benefits	11 Nonqualified plans	12a		
Employee's name, address, and ZIP code     Suff,			13	14 Other	12b	2022	
Employee's Harrie, address, and AIT code Sull.			Statutory employee.	WA-L&I 147.21	120		
SATYANARAYANA CHELLUBOINA 5881 S 152ND ST D203					12c	Copy B To Be Filed with Employee's FEDERAL Tax Return	
TUKWILA WA 98188			Retirement plan		12d	This information is being furnished to the Internal	
<b>15</b> State	Employer's state ID number	16 State wages, tips, etc	Third-party sick pay  17 State income tax	18 Local wages, tips, etc	19 Local income tax	Revenue Service.  20 Locality name	
				— — — — — — — —			
REV 01/17/23	0.0007					rtment of the Treasury — IR	
3 Employe	ee's SSN 675-08-20	01	<b>b</b> Employer identification	number (FIN) 27-088	39031	OMB No. 1545-0008	
C Employer's name, address, and ZIP code			Employer identification in the second s	2 Fed inc tax withheld	3 Social security wages		
ADISY	S CORPORATION		85191.44	9887.00	85191.44	Form <b>W-2</b>	
1 LAKE BELLEVUE DR STE 209			<b>4</b> SS tax withheld 5281.87	<b>5</b> Medicare wages & tips 85191.44	6 Medicare tax withheld 1235.28	Wage and Tax	
BELLEVUE WA 98005			7 Social security tips	8 Allocated tips	9	Statement	
<b>d</b> Control number			10 Depdnt care benefits	11 Nonqualified plans	12a	2022	
<b>e</b> Employee's name, address, and ZIP code Suff.			_   · · ·	14 Other	12b		
SATYANARAYANA CHELLUBOINA			Statutory employee .	WA-L&I 147.21	12c	Copy 2 To Be Filed With	
5881 S 152ND ST D203			Retirement plan			Employee's State, City, or Local	
TUKWILA WA 98188			Third-party sick pay		12d 	Income Tax Return.	
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	
REV 01/17/23							
a Employee's SSN 675-08-2001 C Employer's name, address, and ZIP code				<b>b</b> Employer identification number (EIN) 27-0889031 OMB No. 1545-0008  This information is being furnished to the IRS. 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.			
ADISYS CORPORATION			1 Wgs, tips, other compn	2 Fed inc tax withheld	3 Social security wages	Form W-2	
1 LAKE BELLEVUE DR STE 209			85191.44 <b>4</b> SS tax withheld 5281.87	9887.00 <b>5</b> Medicare wages & tips 85191.44	85191.44  6 Medicare tax withheld 1235.28	Wage and	
BELLEVUE WA 98005						· —	
BELLE'	VUE WA	98005	7 Social security tips	8 Allocated tips	9	Tax	
BELLE		98005	7 Social security tips	,	-	Statement	
<b>d</b> Control	No.		7 Social security tips  10 Depdnt care benefits	11 Nonqualified plans	12a	_	
<b>d</b> Control			7 Social security tips  10 Depdnt care benefits	,	-	Statement <b>2022</b>	
Control  Employe  SATYA	No. ee's name, address, and ZIP coo	de Suff. LUBOINA	7 Social security tips  10 Depdnt care benefits  13 Statutory employee.	11 Nonqualified plans 14 Other	12a	Statement 2022  Copy C For EMPLOYEE'S	
d Control e Employe	no.  ee's name, address, and ZIP coo  NARAYANA CHEL  S 152ND ST D203	de Suff. LUBOINA	7 Social security tips  10 Depdnt care benefits  13 Statutory employee.  Retirement plan	11 Nonqualified plans 14 Other	12a       12b	Statement 2022 Copy C For	
e Employer SATYA	no.  ee's name, address, and ZIP coo  NARAYANA CHEL  S 152ND ST D203	de Suff. LUBOINA 3	7 Social security tips  10 Depdnt care benefits  13 Statutory employee.	11 Nonqualified plans 14 Other	12a       12b     12c	Statement 2022  Copy C For EMPLOYEE'S RECORDS. (See Notice to	