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|---|----------------------------|--|--|--|---|--|
| a Employee's SSN 013-00-2001 | | d Employer identification number (EIN) 21-0889031 | | | OMB No. 1545-0008 | |
| c Employer's name, address, and ZIP code ADISYS CORPORATION 1 LAKE BELLEVUE DR STE 209 BELLEVUE WA 98005 | | 1 Wgs, tips, other compn 85191.44 | 2 Fed inc tax withheld 9887.00 | 3 Social security wages 85191.44 | Form W-2 Wage and Tax Statement 2022 | |
| | | 4 SS tax withheld 5281.87 | 5 Medicare wages & tips 85191.44 | 6 Medicare tax withheld 1235.28 | | |
| | | 7 Social security tips | 8 Allocated tips | 9 | | |
| d Control number | | 10 Depdnt care benefits | 11 Nonqualified plans | 12a | | |
| e Employee's name, address, and ZIP code Suff. SATYANARAYANA CHELLUBOINA 5881 S 152ND ST D203 TUKWILA WA 98188 | | 13 Statutory employee <input type="checkbox"/> | 14 Other WA-L&I 147.21 | 12b | Copy B To Be Filed with Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. | |
| | | Retirement plan <input type="checkbox"/> | | 12c | | |
| | | Third-party sick pay <input type="checkbox"/> | | 12d | | |
| 15 State | Employer's state ID number | 16 State wages, tips, etc | 17 State income tax | 18 Local wages, tips, etc | | |

REV 01/17/23 QBDT

Department of the Treasury — IRS

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|---|-------------------------|--|--|--|---|--|
| a Employee's SSN 675-08-2001 | | b Employer identification number (EIN) 27-0889031 | | | OMB No. 1545-0008 | |
| c Employer's name, address, and ZIP code ADISYS CORPORATION 1 LAKE BELLEVUE DR STE 209 BELLEVUE WA 98005 | | 1 Wgs, tips, other compn 85191.44 | 2 Fed inc tax withheld 9887.00 | 3 Social security wages 85191.44 | Form W-2 Wage and Tax Statement 2022 | |
| | | 4 SS tax withheld 5281.87 | 5 Medicare wages & tips 85191.44 | 6 Medicare tax withheld 1235.28 | | |
| | | 7 Social security tips | 8 Allocated tips | 9 | | |
| d Control number | | 10 Depdnt care benefits | 11 Nonqualified plans | 12a | | |
| e Employee's name, address, and ZIP code Suff. SATYANARAYANA CHELLUBOINA 5881 S 152ND ST D203 TUKWILA WA 98188 | | 13 Statutory employee <input type="checkbox"/> | 14 Other WA-L&I 147.21 | 12b | Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. | |
| | | Retirement plan <input type="checkbox"/> | | 12c | | |
| | | Third-party sick pay <input type="checkbox"/> | | 12d | | |
| 15 State | Employer's state ID No. | 16 State wages, tips, etc | 17 State income tax | 18 Local wages, tips, etc | | |

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|---|-------------------------|---|--|--|---|--|
| a Employee's SSN 675-08-2001 | | b Employer identification number (EIN) 27-0889031 | | | OMB No. 1545-0008 | |
| c Employer's name, address, and ZIP code ADISYS CORPORATION 1 LAKE BELLEVUE DR STE 209 BELLEVUE WA 98005 | | 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. | | | | |
| | | 1 Wgs, tips, other compn 85191.44 | 2 Fed inc tax withheld 9887.00 | 3 Social security wages 85191.44 | Form W-2 Wage and Tax Statement 2022 | |
| | | 4 SS tax withheld 5281.87 | 5 Medicare wages & tips 85191.44 | 6 Medicare tax withheld 1235.28 | | |
| 7 Social security tips | 8 Allocated tips | 9 | | | | |
| d Control No. | | 10 Depdnt care benefits | 11 Nonqualified plans | 12a | | |
| e Employee's name, address, and ZIP code Suff. SATYANARAYANA CHELLUBOINA 5881 S 152ND ST D203 TUKWILA WA 98188 | | 13 Statutory employee <input type="checkbox"/> | 14 Other WA-L&I 147.21 | 12b | Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee.) | |
| | | Retirement plan <input type="checkbox"/> | | 12c | | |
| | | Third-party sick pay <input type="checkbox"/> | | 12d | | |
| 15 State | Employer's state ID No. | 16 State wages, tips, etc | 17 State income tax | 18 Local wages, tips, etc | | |