67633.7	4					4452.21
 Wages, 	tips, other comp		2	Federal i	ncor	ne tax withheld
70508.74 3 Social security wages			4371.54 4 Social security tax withheld			
70508.74 5 Medicare wages and tips			1022.37 6 Medicare tax withheld			
Employer's name, address, and ZIP code Saviynt Inc 1301 E El Segundo Blvd Suite D El Segundo, CA 90245-4303						
7 Social s 0.00	ecurity tips		8 Allocated tips			
9			10 Dependent care benefits 0.00			
11 Nonqua	lified plans		12	а С		63.36
0.00			12b D			2875.00
13 Statutory Retirement Third-party sick pay		ty	120	DD		14272.02
umployee	X		120	d		
14			Employee's social security no. 804766770			
			Employer ID number (EIN) 473807420			
			Con	trol ber		780319
Prudhvi Kolanuvada 1266 Johnson drive Apt 2114 Buffalo grove, IL 60089 Employee's name, address, and ZIP code						
15 St. Employe	er's state ID number 47-3807420				17 State income tax 3104.71	
18 Local wages	18 Local wages, tips, etc.			income tax	20 Locality name	
Wage and Tax Statement Form Copy B This information is being furnished to the IRS. W-2						

To Be Filed With Employee's FEDERAL Tax Return.

MB No. 1545-0008

67633.74		4452.21			
1 Wages, tips, other comp.	2 Federal income tax withheld				
70508.74 3 Social security wages	4371.54 4 Social security tax withheld				
70508.74 5 Medicare wages and tips	1022.37 6 Medicare tax withheld				
Employer's name, address, and ZIP code Saviynt Inc 1301 E EI Segundo BI Suite D EI Segundo, CA 9024	5-4303				
7 Social security tips 0.00	8 Allocated ti	ps			
9	10 Dependent care benefits 0.00				
11 Nonqualified plans	12a C	63.36			
0.00	12b D	2875.00			
13 Statutory Retirement Third-party sick pay	12c DD	14272.02			
X	12d				
14	Employee's social security no. 804766770				
	Employer ID number (EIN) 473807420				
	Control number	780319			
Prudhvi Kolanuvada 1266 Johnson drive Apt 2114 Buffalo grove, IL 60089 Employee's name, address, and ZIP code					
	State wages, tips, etc. 633.74	17 State income tax 3104.71			

Copy C — For EMPLOYEE'S RECORDS
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 fall to report it.

Department of the Treasury - Inte

OMB No. 1545-0008

Department of the Treasury - Inter

67633.74 1 Wages, tips, other comp.	2 Federal inco	4452.21 ome tax withheld				
70508.74 3 Social security wages	4 Social secu	4371.54 urity tax withheld				
70508.74 5 Medicare wages and tips	6 Medicare to	1022.37 6 Medicare tax withheld				
Employer's name, address, and ZIP code Saviynt Inc 1301 E El Segundo Blvd Suite D El Segundo, CA 90245-4303						
7 Social security tips 0.00	8 Allocated t	8 Allocated tips				
9	10 Dependent	10 Dependent care benefits 0.00				
11 Nonqualified plans	12a C	63.36				
0.00	12b D	2875.00				
13 Statutory Retirement Third-party sick pay	12c DD	14272.02				
X	12d					
14		Employee's social security no. 804766770				
		Employer ID number (EIN) 473807420				
	Control number	780319				
Prudhvi Kolanuvada 1266 Johnson drive Apt 2114 Buffalo grove, IL 60089						
Employee's name, address, and ZIP code		1				
15 St. Employer's state ID number IL 47-3807420	16 State wages, tips, etc 67633.74	3104.71				
18 Local wages, tips, etc.	19 Local income tax	20 Locality name				
Wage and Tax Statement Form Copy 2 W-2						
To Be Filed With Employee's State, City, or Local Income Tax Return						
OMB No. 1545-0008 Department of the Treasury – Internal Revenue Service						

70508.74 3 Social security wages			4	4371.54 4 Social security tax withheld				
70508.74 5 Medicare wages and tips			6	1022.37 6 Medicare tax withheld				
Employer's name, address, and ZIP code Saviynt Inc 1301 E El Segundo Blvd Suite D El Segundo, CA 90245-4303								
7 Social security tips 0.00			8	8 Allocated tips				
9			1	10 Dependent care benefits 0.00				
11 Nonqualified plans			1	2a	С		63.36	
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13 Statutory employee	Retirement plan	Third-part	y 1	2c	DD		14272.02	
	X		1	2d				
14			E	Employee's social security no. 804766770				
			E	Employer ID number (EIN) 473807420				
			C	ontrol umber	,		780319	
Prudhvi Kolanuvada 1266 Johnson drive Apt 2114 Buffalo grove, IL 60089 Employee's name, address, and ZIP code								
15 St. Employer's state ID number IL 47-3807420			16 State wages, tips, etc. 67633.74			17 State income tax 3104.71		
18 Local wages			19 Local income tax				20 Locality name	
Wage and Tax Statement Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service								
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2 Federal income tax

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Instructions for Employee

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W-2

5055

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.

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, export that amount even if it is more or less than the with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, export that amount even if it is more or less than the 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 path you or incurred on your behalf (including amounts form a section 125 (cafeteria) plan). Any amount over your employers plan limit is also included in box 1. See Form 2441.

Box 10. This amount is (a) reported in box 1 fit is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and for box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan in box 3 and for box 6 if it is a prior year deferral under a nonqualified or section 457(b) plan tong 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, and you are or will be age 62 by the end of the calendar year, your employer should like 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

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 a cosses deferrant, consider these amounts for the year shown, not the current year, if no 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 finel-lated 15.

Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the all security wage base), and 5)

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) section 40 (k) cash or deferred arrangement. Also includes D—Elective deferrals to a section 40 (k) cash or deferred arrangement. Also includes control to the control that its part of a section 40 (k) arrangement. E—Elective deferrals under a section 400(k) salary reduction agreement F—Elective deferrals under a section 408(k) (s) salary reduction sEPP G—Elective deferrals under a section 408(k) (s) salary reduction SEP G—Elective deferrals under a section 408(k) (s) salary reduction SEP G—Elective deferrals under a section 408(k) (s) salary reduction SEP G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(k) deferred compensation plan 1—Elective deferrals to a section 501(c) (18)(l0) tax-exempt organization plan. See the Form 1040 instructions form 1040 instructions. L—Substantiated employee business expense reimbursements (nontaxable) M—Uncollected social security or RRTA tax or taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

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

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

Q—Nontaxable combate pay. See the Form 1040 instructions for details on reporting this amount of the proper contributions to your Archer MSA. Report on Form 8853, Archer MSAs and 1000-16 fm Care See Texture 1000 fm Care Texture 1000 fm C

neum.

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

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)
T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.
V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Puts. 525, Taxable and Nontaxable income, for including amounts the employee elected to contribute using a section 125 (cafetrain plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).
V—Deferrals under a section 409A nonqualified deferred compensation plan T—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.
AA—Designated Roth contributions under a section 401(k) plan
BB—Designated Roth contributions under a section 401(k) plan
DB—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.
EE—Designated Roth contributions under a a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section for the property of the propert

LUI—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan. FF—Permitted benefits under a qualified small employer health reimbursement arrangement GG—Income from qualified equity grants under section 83(b) elections as of the close of the calendar year Box 13. If the Fletiment plan i box is checked, special limits may apply to the amount of traditional IPA contributions you may deduct. See Pub. 590-A, Contributions to Individual Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation. Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing wave income tax return. However, to belo predestive.

[RRTiA] compensation.

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

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 any credit.

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 have the EIC if you thin western the second of the eligible for eligible

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, I 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.

Religious Workers.

Corrections, If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your semployer to correct your employment record. Be sure to ask the employer to file form W-2, C porceded Wage and Tis. Statement, with the SSN to correct any name, SSN, or rooney amount error reported the SSAsien Form W-2. Be sure to get you corpele of Form W-2 to the proper of the source of t

calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.
Cost of employer-sponsored health coverage (if such cost is provided by the
employer). The reporting in box 12, using code DD, of the cost of employer-sponsored
health coverage is for your information only. The amount reported with code DD is not
toxicily the cost of t 2 W2PU

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