							Fede	ral Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5		
To the i	right is an	explanation of y	our W-2 wage	s.		Gross Wage	es 1	31154.8	7 131154.8	7 131154.87		
		he Gross amour			ents.	Txbl Benefi	ts					
This inf	ormation i	s heina furnishe	nd to the Inter	nal Rever	nue Service. If you are	Group Term	Life	38.5	i4 38.5	4 38.54		
require	d to file a	tax return, a ne	gligence penal	ty or oth	er sanction may be	Adoption						
impose	d on you it	this income is	taxable and yo	u fail to	report it.	Deferred Co	omp	(6247.09	9)			
Form W-2 Wage and Tax Statement 2022							;	(925.86	5) (925.86	(925.86)		
Copy C—For EMPLOYEE'S RECORDS						Other Preta	, , , , , , , ,					
						W-2 Wages		124020.4	130267.5	5 130267.55		
	CONTROL NUMBER 0325943801 EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S											
				2022	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 124020.46			2. FEDERAL INCOME TAX WITHHELD 20050.26			
		TION NUMBER (FIN)	A FMADLOVEE'S		IDITY NUMBER	2 COCIAL CE	CURITY WAGES		4. SOCIAL SECURITY TAX			
B. EMPLOYER IDENTIFICATION NUMBER (EII) A. EMPLOYEE'S SOCIAL SECURITY NUMBER 597-35-6697					JKITT NOWIBER	3. SOCIAL SE	130267.55	4. SOCIAL SECONTT TA	8076.59			
C. EMPLOYE	R'S NAME. A	DDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WITH			
		,				130267.55			1888.88			
		е				7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS			
Southfield	MI 48034											
						9.			10. DEPENDENT CARE BI	NEFITS		
		ME AND INITIAL	LAST NA		SUFF.	11. NONQUALIFIED PLANS			12.a-d See instructions for box 12 C 38.54			
Karthikeya			Srikan	tnam		14. OTHER			D	6247.09		
262 Woodside Ct. Apt. 226									DD	6114.16		
Rochester HIlls MI 48307												
USA	EIC ADDDECC	AND ZID CODE							13. STATUTORY RETIREMENT X THIRD-PARTY REMPLOYEE PLAN SICK PAY			
F. EMPLOYEE'S ADDRESS AND ZIP CODE 15. STATE EMPLOYER'S STATE ID NUMBER 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME						AX	18. LOCAL WAGES, TIPS, E	TC. 19.1	LOCAL INCOME TAX	20. LOCALITY NAME		
MI	82-37013			124020		5269.32	<u> </u>					
D. CONTROL). CONTROL NUMBER						PS, OTHER COMPENSATION		2. FEDERAL INCOME TAX WITHHELD			

D. CONTROL 000325943		20	022 OMB	NO. 1	545-0008	1. WAGES, TI	PS, OTHER COMPENS 12402		2. FEDERAL INCOME T	AX WITHHELD 20050.26		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER							3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
82-3701316 597-35-6697							130267.55			8076.59		
C. EMPLOYER	R'S NAME, ADDRESS, AND ZIP O	ODE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD			
Veoneer US, LLC							13026	57.55		1888.88		
26360 American Drive Southfield MI 48034					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS	8. ALLOCATED TIPS			
			9.			10. DEPENDENT CARE BENEFITS						
E. EMPLOYEE	S FIRST NAME AND INITIAL	LAST NAME			SUFF.	11. NONQUALIFIED PLANS			12.a-d			
Karthikeya		Srikanthar	m						C	38.54		
262 Woods	rido Ct					14. OTHER			D	6247.09		
262 Woodside Ct. Apt. 226					2			DD	6114.16			
Rochester HIlls MI 48307												
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY RETU	REMENT X THIRD-PARTY SICK PAY		
15. STATE	ATE EMPLOYER'S STATE ID NUMBER 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME		TE INCOME T	AX	18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME				
MI	82-3701316	12	24020.46			5269.32						

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return

2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL 000325943		2022	OMB	OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION 124020.46			2. FEDERAL INCOME TAX WITHHELD 20050.26		
B. EMPLOYER 82-3701310	R IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL S 597-35-6697	SECURITY NU	JMBER	3. SOCIAL SECURITY WAGES 130267.55			4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD 8076.59		
Veoneer US		ODE			5. MEDICARE	WAGES AND TIPS 13026	7.55	6. MEDICARE TAX WIT	6. MEDICARE TAX WITHHELD 1888.88		
26360 Ame Southfield N					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS			
					9.			10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Karthikeya Srikantham						11. NONQUALIFIED PLANS			38.54		
262 Woodside Ct. Apt. 226 Rochester HIIIs MI 48307						14. OTHER			6247.09 6114.16		
USA	S ADDRESS AND ZIP CODE							13. STATUTORY RETI	REMENT X THIRD-PARTY SICK PAY		
	EMPLOYER'S STATE ID NUMBER 82-3701316	, ,	, ETC. 120.46	17. STATE INCOME T	AX 5269.32	18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER					14 WAGES T		A ADENICATION			V 1407111151.5	
000325943801		2022	MB NO. 1545-0008	3 1. WAGES, 1	1. WAGES, TIPS, OTHER COMPENSATION 124020.46			2. FEDERAL INCOME TAX WITHHELD 20050.26			
B. EMPLOYER IDENTIFICATIO 82-3701316	N NUMBER (EIN)	A. EMPLOYEE'S 597-35-6697		RITY NUMBER	3. SOCIAL SE	3. SOCIAL SECURITY WAGES 130267.55			4. SOCIAL SECURITY TAX WITHHELD 8076.59		
C. EMPLOYER'S NAME, ADDR	RESS, AND ZIP C				5. MEDICARE	5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD		
Veoneer US, LLC 26360 American Drive Southfield MI 48034					7. SOCIAL SE	130267.55 7. SOCIAL SECURITY TIPS			1888.88 8. ALLOCATED TIPS		
					9.	9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUF Karthikeya Srikantham					11. NONQUA	11. NONQUALIFIED PLANS			12.a-d See instructions for box 12 C		
262 Woodside Ct. Apt. 226 Rochester HIIs MI 48307					14. OTHER	14. OTHER					6247.09 6114.16
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE									ATUTORY RETIF		RD-PARTY C
15. STATE EMPLOYER'S STATE ID NUMBER 16. STATE WAGES, TIPS, ET MI 82-3701316 124020		ES, TIPS, ETC 124020.4		TAX 5269.32	18. LOCAL W	AGES, TIPS, ETC.	19. LOCAL	INCOME TAX	20. LOCALITY	NAME	