To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments. 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 fall to report it. Form W-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS To MR V-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS To MR V-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS To MR V-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS To MR V-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS To MR V-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS To MR V-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS To MR V-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS To MR V-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS To MR V-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS To MR V-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS To MR V-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS To MR V-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS To MR V-2 Wages To MR V-2 Wag										Federal Box	1 Soc.	Sec. Box 3 &	7 Medicare Box 5	
Adoption Deferred Comp Composed on you if this income is taxable and you fail to report it.										_				
Deferred Comp (\$233.36)	required to file a tax return, a negligence penalty or other sanction may be										3.80	268.	30 268.8	30
Copy C—For EMPLOYEE'S RECORDS	imposea	i on you ir	this income is i	axable and yo	ou rail to	report it.		Deferred Co	(5233.	.36)				
D. CONTROL NUMBER CAUSTIAN W-2 Wages 165858.04 147000.00 171091.40								Section 125	5	(6188.	,		6) (6188.16	6)
D. CONTROL NUMBER 2022 OMB NO. 1545-0008 1. WAGES, TIPS, OTHER COMPENSATION 165858.04 18247.91	Copy C	For EMPL	OYEE'S RECORI	DS .				Other Preta	x/Wage Limit			(24091.4	0)	
0.03218547101 2022 OMB NO. 1545-0008 165858.04 18247.91								W-2 Wages		165858	3.04	147000.	00 171091.4	40
1824/91 1824	D. CONTROL	NUMBER				ONAR NO	1545 0000	1. WAGES, TIPS, OTHER COMPENSATION			2. FEDERA	2. FEDERAL INCOME TAX WITHHELD		
36-2440683 275-61-1006 147000.00 9114.00	003218547	101			2022	OIVIB NO.	. 1545-0008	165858.04						
S. MEDICARE WAGES AND TIPS S. MEDICARE WAGES AND TIPS T71091.40 2480.83	100013738004.0000000000000000		ION NUMBER (EIN)		SOCIAL SEC	URITY NUMBE	ER	3. SOCIAL SE						
Schneider Electric USA, Inc	36-2440683	3		275-61-1006					147	7000.00			9114.00	
1111 PASQUINELLI DRIVE	C. EMPLOYER	'S NAME, AD	DRESS, AND ZIP C	ODE				5. MEDICARE			6. MEDICA	RE TAX WIT	HHELD	
SUITE 100									17:	1091.40			2480.83	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME Raj 2043 SERCY DR Spring Hill TN 37174 USA 10. DEPENDENT CARE BENEFITS 11. NONQUALIFIED PLANS 12.a-d See instructions for box 12 C 268.80 D 5233.36 AA 5233.36 DD 21538.32 13. STATUTORY RETIREMENT THIRD-PARTY	SUITE 100							7. SOCIAL SEC	CURITY TIPS		8. ALLOCA	TED TIPS		
Nitin Raj C 268.80 2043 SERCY DR 14.0THER D 5233.36 Spring Hill TN 37174 USA AA 5233.36 AA 5233.36 USA DD 21538.32 DD 21538.32	Westmont IL 60559-1224							9. 10. DEPENDENT CARE BENEFITS					ENEFITS	
2043 SERCY DR Spring HIII TN 37174 USA 14. OTHER D 5233.36 AA 5233.36 DD 21538.32 13. STATUTORY RETIREMENT THIRDPARTY	E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.						SUFF.	11. NONQUALIFIED PLANS						
2043 SERCY DR Spring Hill TN 37174 USA 14. OTHER AA 5233.36 DD 21538.32 13. STATUTORY RETIREMENT THIRD-PARTY	Nitin Raj									_				
Spring Hill IN 3/1/4 USA DD 21538.32 13. STATUTORY RETIREMENT THIRD-PARTY							14. OTHER			_				
13. STATUTORY RETIREMENT THIRD-PARTY										1				
15. STATOTOKI KETIKEMENI X TITKOFAKTI	USA											DV - PETID		
F. EMPLOYEE'S ADDRESS AND ZIP CODE	F. EMPLOYEE'S ADDRESS AND ZIP CODE											EE PLAN	SICK PAY	Ш
15. STATE EMPLOYER'S STATE ID NUMBER 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME TAX 18. LOCAL WAGES, TIPS, ETC. 19. LOCAL INCOME TAX 20. LOCALITY NAME	15. STATE	EMPLOYER'S	STATE ID NUMBER	16. STATE WAGE	ES, TIPS, E	TC. 17. S	STATE INCOME T	AX	18. LOCAL WAG	ES, TIPS, ETC. 1	9. LOCAL INCO	OME TAX	20. LOCALITY NAME	

D. CONTROL NUME 003218547101	BER		2022	OMB NO.	1545-0008	1. WAGES, T	IPS, OTHER COMPENSATION 165858.0		2. FEDERAL INCOME TA	X WITHHELD 18247.91	
B. EMPLOYER IDEN	TIFICATION NUMBER (EIN)	A. EMPLOYEE'S S	OCIAL SEC	URITY NUMBE	R	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY TA	AX WITHHELD	
36-2440683 275-61-1006							147000.0	0	9114.00		
C. EMPLOYER'S NA	ME, ADDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	HHELD	
Schneider Electr	ic USA, Inc						171091.4	0	2480.83		
1111 PASQUINE SUITE 100						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
Westmont IL 60559-1224									10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRS	ST NAME AND INITIAL	LAST NAI	ME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d		
Nitin		Raj				101			С	268.80	
2043 SERCY DR						14. OTHER			- D	5233.36	
						The officer			AA	5233.36	
Spring Hill TN 37174 USA									DD	21538.32	
	F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETIR	THIRD-PARTY SICK PAY	
15. STATE EMPL	OYER'S STATE ID NUMBER	16. STATE WAGE	S, TIPS, ET	rc. 17. S	STATE INCOME 1	TAX	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 003218547101	2022	OMB NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENSATION 165858.04	2. FEDERAL INCOME T	AX WITHHELD 18247.91		
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL SEC	CURITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY	TAX WITHHELD		
36-2440683	275-61-1006			147000.00		9114.00		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CO	DDE		5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD		
Schneider Electric USA, Inc				171091.40		2480.83		
1111 PASQUINELLI DRIVE SUITE 100 Westmont IL 60559-1224			7. SOCIAL SE	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
Westmont 1E 00555-1224			9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL	LAST NAME	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d			
Nitin	Raj				С	268.80		
2043 SERCY DR Spring Hill TN 37174			14. OTHER		D AA	5233.36 5233.36		
USA					DD	21538.32		
F. EMPLOYEE'S ADDRESS AND ZIP CODE					13. STATUTORY RET	REMENT X THIRD-PARTY N SICK PAY		
15. STATE EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS, E	TC. 17. STATE INCOME	ΓAX	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		0.00	70000000		1. WAGES, T	PS, OTHER C	OMPENSATION		2. FEDERAL INCOME TA	AX WITHHELD		
003218547	7101	2	2022	MB NO.	1545-0008			165858.04			18247.91		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER							3. SOCIAL SECURITY WAGES				4. SOCIAL SECURITY TAX WITHHELD		
36-2440683 275-61-1006							147000.00			9114.00			
C. EMPLOYER	R'S NAME, ADDRESS, AND ZIP CO	ODE				5. MEDICARE	WAGES AN	D TIPS		6. MEDICARE TAX WIT	THHELD		
	Electric USA, Inc							171091.40			2480.83		
SUITE 100						7. SOCIAL SECURITY TIPS				8. ALLOCATED TIPS			
Westmont IL 60559-1224							9.			10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE	E'S FIRST NAME AND INITIAL	LAST NAME	E		SUFF.	11. NONQUAL	IFIED PLANS			12.a-d See instructions fo			
Nitin		Raj								С	268.80		
2043 SERC	CV DB					14. OTHER				D D	5233.36		
Spring Hill										AA	5233.36		
USA	111 37174									DD	21538.32		
	F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY RETII	REMENT X THIRD-PARTY SICK PAY		
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES,	TIPS, ETC.	17. S	TATE INCOME T	AX	18. LOCAL	WAGES, TIPS, I	ETC. 19	9. LOCAL INCOME TAX	20. LOCALITY NAME		