								Federal Box	1	Soc. Sec. Box 3 &	7 Medicare Box 5	
To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.							es es	14024: 30	5.80 6.71	140245.8 306.7		
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 fail to report it.							Life	186.58		186.5	58 186.58	
Form W-2 Wa	ige and Tax Stateme EMPLOYEE'S RECORI	nt 2022	ou iuii to	герогс п.		Deferred Co Section 125 Other Preta		(15503.58) (3368.32) (336			2) (3368.32)	
						W-2 Wages		12186	7.19	137370.	77 137370.77	
D. CONTROL NUMBI 000090989101	ER				545-0008	1. WAGES, TIPS, OTHER COMPENSATION 121867.19			2. F	2. FEDERAL INCOME TAX WITHHELD 12688.81		
B. EMPLOYER IDENT 84-3098448	IFICATION NUMBER (EIN)	A. EMPLOYEE'S 850-70-6594	SOCIAL SEC	JRITY NUMBER		3. SOCIAL SECURITY WAGES 137370.77			4. S	4. SOCIAL SECURITY TAX WITHHELD 8516.99		
Hitachi Vantara L		ODE				5. MEDICARE WAGES AND TIPS 137370.77 6. MEDICARE TAX WITH			HHELD 1991.88			
2535 Augustine I Santa Clara CA 9						7. SOCIAL SEC	CURITY TIPS		8. A	LLOCATED TIPS		
						9.			10. [DEPENDENT CARE B	ENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Visesh Polavarapu						11. NONQUALIFIED PLANS			12.a	12.a-d See instructions for box 12 C 186.5		
2249 woodland grove pl Apt 543 Herndon VA 20171						14. OTHER				D W DD	15503.58 3000.00 2368.32	
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE										EMPLOYEE - PLAN	EMENT X THIRD-PARTY SICK PAY	
15. STATE EMPLOYER'S STATE ID NUMBER 16. STATE WAGES, TIPS, ETC. 30843098448F001 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME TO 121867.19 17. STATE INCOME TO 121867.19					AX 6438.49	18. LOCAL WAGES	, TIPS, ETC.	19. LOC	AL INCOME TAX	20. LOCALITY NAME		

D. CONTROL NO 00009098910			2022	OMB NO.	1545-0008	1. WAGES, TI	PS, OTHER COMPEN 1218	NSATION 867.19		2. FEDERAL INCOME TA	X WITHHELD 12688.81		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER							3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD			
84-3098448 850-70-6594							137370.77			8516.99			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE							5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD			HHELD			
Hitachi Vanta	Hitachi Vantara LLC							137370.77			1991.88		
2535 Augustine Drive Santa Clara CA 95054						7. SOCIAL SECURITY TIPS				8. ALLOCATED TIPS			
							9.			10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S	FIRST NAME AND INITIAL	LAST NA	ME		SUFF.	11. NONQUAL	IFIED PLANS			12.a-d			
Visesh	Visesh Polavarapu									С	186.58		
2240						14. OTHER			_	D	15503.58		
Apt 543	2249 woodland grove pl									W	3000.00		
Herndon VA 20171									DD	2368.32			
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE										13. STATUTORY RETIRED PLAN	REMENT X THIRD-PARTY SICK PAY		
15. STATE E	15. STATE EMPLOYER'S STATE ID NUMBER 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME			STATE INCOME T	AX	18. LOCAL WAGES	, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NAME			
VA 3	30843098448F001		121867.1	19		6438.49							

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000090989101	2022	OMB N	O. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSATION 121867.19		2. FEDERAL INCOME TA	X WITHHELD 12688.81	
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD					
84-3098448	137370.77			8516.99					
C. EMPLOYER'S NAME, ADDRESS, AND ZIP C	ODE		5. MEDICARE	5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WIT			HHELD		
Hitachi Vantara LLC			137370.77			1991.88			
2535 Augustine Drive Santa Clara CA 95054	7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS					
				9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d		
Visesh	Polavarapu						С	186.58	
2240 was diand ares al				14. OTHER			D	15503.58	
2249 woodland grove pl Apt 543							W	3000.00	
Herndon VA 20171					DD	2368.32			
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE							13. STATUTORY RETII	REMENT X THIRD-PARTY SICK PAY	
15. STATE EMPLOYER'S STATE ID NUMBER	TATE EMPLOYER'S STATE ID NUMBER 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME		AX	18. LOCAL WAGES, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NAME		
VA 30843098448F001	12186	7 10		6438.49					

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Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL	NUMBER				1 WACES T	PS, OTHER COMPENSATION	M	2. FEDERAL INCOME TA	V WITHHELD	
000090989		203	22 OMB	OMB NO. 1545-0008	121867.19			12688.81		
B. EMPLOYER	B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCI.			CURITY NUMBER		CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD		
84-3098448 850-70-6594						137370.77		8516.99		
C. EMPLOYER	R'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD		
Hitachi Van					137370.77			1991.88		
2535 Augustine Drive Santa Clara CA 95054						CURITY TIPS		8. ALLOCATED TIPS		
Santa Gara Grassos i										
							10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE	E'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d See instructions for	r box 12	
Visesh		Polavarapu						С	186.58	
2249 wood	fland grove pl				14. OTHER			D	15503.58	
Apt 543	ilalia grove pi							W	3000.00	
Herndon VA 20171								DD	2368.32	
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETIR	THIRD-PARTY SICK PAY	
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TII	PS, ETC.	17. STATE INCOME 1	AX	18. LOCAL WAGES, TIPS,	ETC. 19	9. LOCAL INCOME TAX	20. LOCALITY NAME	
VA	30843098448F001	121	1867.19		6438.49					