								Federal Box 1	Soc. Sec.	Box 3 & 7	Medicare Box 5
						Gross Wage		138158 417		8158.34 417.85	138158.34 417.85
required to file a tax return, a negligence penalty or other sanction may be						Group Term Adoption	Life	167	.07	167.07	167.07
imposed on you if this income is taxable and you fail to report it					Deferred Co	eferred Comp (5994.					
Form W-2 Wage						Section 125		(1010.	62) (1	010.62)	(1010.62)
Copy C—For EMP	LOYEE'S RECOR	DS				Other Preta	x/Wage Limit	(0.	59)	(0.59)	(0.59)
						W-2 Wages		131737	.69 13	7732.05	137732.05
D. CONTROL NUMBER				OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION			2. FEDERAL INCOME TAX WITHHELD		
000025301201		2022			1343-0008	131737.69			22946.08		
	B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER					3. SOCIAL SECURITY WAGES 137732.05			4. SOCIAL SECURITY TAX WITHHELD 8539.42		
86-0652659		543-85-2485				5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD					*****
C. EMPLOYER'S NAME, A pSemi Corporation	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS 1377:	32.05	6. MEDICARE TA	X WITHHE	1997.12
9369 Carroll Park Dri	ve					7. SOCIAL SEC		32.03	8. ALLOCATED 1	inc	1997.12
San Diego CA 92121						7. SOCIAL SEC	OKITI TIPS		8. ALLOCATED I	IPS	
						9. 10. DEPE				CARE BENE	FITS
						-					
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.				SUFF.	11. NONQUALIFIED PLANS 12.a-d See instructions for box 12				167.07		
Avijit		Pradha	ın								5994.36
8535 Summerdale Road APT # 235					14. OTHER CA SDI 1513.22 DD				6603.22		
San Diego CA 92126											
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY EMPLOYEE	PLAN	NT X THIRD-PARTY SICK PAY	
	S STATE ID NUMBER	16. STATE WAGE			TE INCOME T		18. LOCAL WAGES,	TIPS, ETC. 19	9. LOCAL INCOME	TAX 20.	LOCALITY NAME
CA 379-1784	1-6		131838	.28		9628.94					

D. CONTROL N 0000253012		2	022 OME	NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPEN		2. FEDERAL INCOME TA	XX WITHHELD 22946.08		
	EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S		S SOCIAL SECURITY NUMBER		3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE					137732.05 5. MEDICARE WAGES AND TIPS			6 MEDICARE TAX WIT	8539.42 6. MEDICARE TAX WITHHELD		
pSemi Corporation					137732.05			ormesionae non m	1997.12		
9369 Carroll Park Drive San Diego CA 92121					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS			
						9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S Avijit	S FIRST NAME AND INITIAL	LAST NAME Pradhan		SUFF.	11. NONQUAL	FIED PLANS		12.a-d C	167.07		
8535 Summerdale Road APT # 235					14. OTHER CA	SDI	1513.2	D DD	5994.36 6603.22		
San Diego CA 92126 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETI	REMENT X THIRD-PARTY SICK PAY		
	EMPLOYER'S STATE ID NUMBER 379-1784-6		TIPS, ETC. 31838.28	17. STATE INCOME 1	9628.94	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 000025301201	2022	OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION 131737.69		2. FEDERAL INCOME TA	X WITHHELD 22946.08	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 86-0652659	A. EMPLOYEE'S SOCIAL SEC	CURITY NUMBER	3. SOCIAL SECURITY WAGES 137732.05			4. SOCIAL SECURITY TAX WITHHELD 8539.42		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP C	5. MEDICARE WAGES AND TIPS 137732.05			6. MEDICARE TAX WITHHELD 1997.12				
9369 Carroll Park Drive San Diego CA 92121	7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS				
			9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Avijit Pradhan				IFIED PLANS		12.a-d C	167.07	
8535 Summerdale Road APT # 235 San Diego CA 92126	14. OTHER CA CDI 1513 22			5994.36 6603.22				
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE						13. STATUTORY RETIR	REMENT X THIRD-PARTY SICK PAY	
15. STATE EMPLOYER'S STATE ID NUMBER CA 379-1784-6	16. STATE WAGES, TIPS, E 131838		TAX 9628.94	18. LOCAL WAGES, TIPS, E	TC. 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					T 4 11/4 050 T	DO OTHER COMMENTAL	1011	A SERENAL MICOME TA	V WITHUELD	
000025301201	3EK		2022	MB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSAT		2. FEDERAL INCOME TA	2. FEDERAL INCOME TAX WITHHELD 22946.08	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCI			SOCIAL SECUR	RITY NUMBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
86-0652659 543-85-2485					137732.05			8539.42		
C. EMPLOYER'S NAME, AD	DRESS, AND ZIP C	ODE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD		
pSemi Corporation						137732.	05		1997.12	
9369 Carroll Park Drive San Diego CA 92121					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
					9.			10. DEPENDENT CARE I	10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAMI	E AND INITIAL	LAST NA		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d See instructions fo	167.07	
8535 Summerdale Road APT # 235					14. OTHER CA	SDI	1513.22	D DD	5994.36 6603.22	
San Diego CA 92126 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETIREMPLOYEE PLAN	REMENT X THIRD-PARTY SICK PAY	
15. STATE EMPLOYER'S CA 379-1784-	STATE ID NUMBER	16. STATE WAG	ES, TIPS, ETC 131838.2		9628.94	18. LOCAL WAGES, TI	PS, ETC. 1	19. LOCAL INCOME TAX	20. LOCALITY NAME	