								Federa	Boy 1	Soc. Sec. Box 3 &	7 Medicare Box 5	
								redera	DUX I	Soc. Sec. box 5 &	/ Hedicare box 5	
To the right is an explanation of your W. 2 wages						Gross Wage		22	5912.2	3 225912.3	225912.23	
to the right is an explanation of your W 2 mages.							Txbl Benefits 590.3					
		,	•									
This information						Group Term Life 318.				8 318.8	318.88	
required to file a imposed on you						Adoption						
, ,		,				Deferred Comp (20500.00)						
Form W-2 Wage						Section 125	5	(9	077.38	3) (9077.3	8) (9077.38)	
Copy C—For EMP	LOYEE'S RECOR	JS				Other Preta	x/Wage Li	imit		(70744.0	5)	
						W-2 Wages		19	7244.0	147000.0	00 217744.06	
D. CONTROL NUMBER					0 4545 0000	1. WAGES, T	IPS, OTHER (COMPENSATION		2. FEDERAL INCOME TA	X WITHHELD	
000025246101	025246101 2022 OMB NO. 1545-0008				0. 1545-0008	197244.06				26336.97		
B. EMPLOYER IDENTIFICA	TION NUMBER (EIN)	A. EMPLOYEE'S	SOCIAL SECU	JRITY NUN	//BER	3. SOCIAL SE	CURITY WA	GES		4. SOCIAL SECURITY TA	X WITHHELD	
86-0652659		756-28-6826						147000.00			9114.00	
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AN			6. MEDICARE TAX WIT		
pSemi Corporation 9369 Carroll Park Dri								217744.06			3316.99	
San Diego CA 92121	ve					7. SOCIAL SEC	CURITY TIPS			8. ALLOCATED TIPS		
Sun Biogo Gri JEIEI												
						9.				10. DEPENDENT CARE E	ENEFITS	
E. EMPLOYEE'S EIRST NA	ΜΕ ΔΝΟ ΙΝΙΤΙΔΙ	LAST NA	ME		SUFF.	11. NONOUALIFIED PLANS 12.a-d See instructions for box 12					hov 12	
Jithender		Konda								C 318.8		
1457 N Winslowe Dr, Unit 102						14. OTHER				D	20500.00	
Palatine IL 60074										W DD	5380.72 18445.71	
USA									-			
F. EMPLOYEE'S ADDRESS AND ZIP CODE										EMPLOYEE PLAN	EMENT THIRD-PARTY SICK PAY	
	S STATE ID NUMBER	16. STATE WAGI			7. STATE INCOME 1		18. LOCAL	WAGES, TIPS, ET	19.	LOCAL INCOME TAX	20. LOCALITY NAME	
IL 86-0652	559 000 1		197344.	.06		9341.37						

D. CONTROL NUMBER 000025246101			2022	OMB NO	. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSAT 197244.		2. FEDER	AL INCOME T	AX WITHHELD 26336.97	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SECURITY WAGES			4. SOCIA	4. SOCIAL SECURITY TAX WITHHELD		
86-0652659 756-28-6826						147000.00				9114.00		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE							5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD				THHELD	
pSemi Corporation							06		3316.99			
9369 Carroll Park Drive San Diego CA 92121						7. SOCIAL SECURITY TIPS			8. ALLOC	8. ALLOCATED TIPS		
						9.			10. DEPEN	NDENT CARE	BENEFITS	
E. EMPLOYEE'S FIRST NAM	ME AND INITIAL	LAST NA	ME		SUFF.	11. NONQUAL	FIED PLANS		12.a-d			
Jithender		Konda							С		318.88	
1457 N Winslowe Dr.	Unit 102					14. OTHER			_ D		20500.00	
Palatine II 60074	OTHE TOZ								W		5380.72	
USA									DI		18445.71	
F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATU EMPLO		REMENT X THIRD-PARTY SICK PAY	
15. STATE EMPLOYER	S STATE ID NUMBER	16. STATE WAGE	S, TIPS, E	TC. 17.	STATE INCOME T	AX	18. LOCAL WAGES, TII	PS, ETC.	19. LOCAL IN	COME TAX	20. LOCALITY NAME	
IL 86-06526	559 000 1		197344	.06		9341.37						

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

TOTAL TO	-2 wage and lax 3	tatement								
D. CONTROL	NUMBER		ONAD	NO 1545 0000	1. WAGES, T	IPS, OTHER COMPENSATION		2. FEDERAL INCOME TA	X WITHHELD	
00002524	6101	2022	OMB	NO. 1545-0008		197244.06	26336.97			
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER						CURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD			
86-0652659 756-28-6826						147000.00	9114.00			
C. EMPLOYE	R'S NAME, ADDRESS, AND ZIP CO	ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WITHHELD		
pSemi Cor						217744.06	3316.99			
9369 Carroll Park Drive San Diego CA 92121						CURITY TIPS	8. ALLOCATED TIPS			
			9.			10. DEPENDENT CARE BENEFITS				
E. EMPLOYE	E'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d		
Jithender		Konda						С	318.88	
14E7 N W	inslowe Dr, Unit 102				14. OTHER			D	20500.00	
Palatine II					2			W	5380.72	
USA	_ 00074							DD	18445.71	
OSA								13. STATUTORY RETIR	REMENT X THIRD-PARTY	
F. EMPLOYEE'S ADDRESS AND ZIP CODE								EMPLOYEE PLAN	SICK PAY	
15. STATE	EMPLOYER'S STATE ID NUMBER			17. STATE INCOME	TAX	18. LOCAL WAGES, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NAME	
IL	86-0652659 000 1	1973	44.06		9341.37					

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL	NUMBER			ONAD NO. 1545 0000	1. WAGES, T	PS, OTHER COMPENSATION	2. FEDERAL INCOME TA	X WITHHELD		
000025246	00025246101		2022	OMB NO. 1545-0008		197244.06		26336.97		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIA			SOCIAL SECU	RITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
86-0652659 756-28-6826						147000.00		9114.00		
C. EMPLOYER	R'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WIT	6. MEDICARE TAX WITHHELD		
pSemi Corp	poration					217744.06		3316.99		
	oll Park Drive				7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
San Diego CA 92121										
					9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYER	E'S FIRST NAME AND INITIAL	LAST NA	ME	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d See instructions fo	12.a-d See instructions for box 12		
Jithender		Konda					С	318.88		
1457 N Wi	inslowe Dr. Unit 102				14. OTHER		D	20500.00		
	Palatine II 60074						W	5380.72		
USA							DD	18445.71		
F. EMPLOYEE	E'S ADDRESS AND ZIP CODE						13. STATUTORY RETII	REMENT X THIRD-PARTY SICK PAY		
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGE				18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		
IL	86-0652659 000 1		197344.0	06	9341.37					

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