## Year To Date Earnings

Regular Hourly Pay	132968.94
Holiday Pay	14835.99
Key Contributor Bonus	17140.07
R & R Gift Card	700.19
Incentive Stock Award/RSA	28706.20
Group Term Life > \$50,000	198.20
ESPP Disq Disp	6634.39
LTD Imputed Income	269.38
Employer HSA Contribution	2000.00

## Year To Date Deductions

Pre Tax Caf Deduction	3113.50
Incentive Stock Award Fraction	150.59
Critical Illness Insurance	43.16
Reportable Recognition Offset	500.00
ESPP Deduction	19207.71
Offset Incent Stock Award/RSA	20112.61
ESPP Income	6634.39
401(k) EE Contributions	1248.06
Roth 401K	16693.54
Roth Bonus	1028.41
Ltd Imputed Income	269.38
HSA Employer Contribution	2000.00
HSA Employee Cont.Family	5200.00

## 007-003414-w2-27606-CADENCE-1 of 2

Cadence Design Systems, Inc. 4989 S State Street PO 57548

Murray, UT 84157

Social Security No.: XXX-XX-1563

a Employee's social security number	per d Control number		7 Social secu	rity tips	1 Wages	, tips, other compensation	2 Federa	I income tax withheld
XXX-XX-1563	026233 WY/08K					191891.80		26249.06
c Employer's name, address, and	ZIP code		8 Allocated tip	os	3 Social :	security wages	4 Social s	security tax withheld
Cadence Design System	ns, Inc.					147000.00		9114.00
4989 S State Street			9		5 Medica	re wages and tips	6 Medicare tax withheld	
PO 57548						186505.47		2704.33
Murray, UT 84157 b Employer identification number (	(EIN) 77-0148231		10 Dependen	t care benefits	S 12a See	instructions for box 12 17721.95	<sup>0</sup> 12b d	198.20
e Employee's first name and initia		Suff.	11 Nonqualific	ed plans	C 12c	1248.06	C 12d d <b>DD</b>	15515.52
2325 CHAMPION CT RALEIGH, NC 27606				Retirement Third-party plan sick pay	14 Other			
f Employee's address and ZIP cod	e			х				
15 State Employer's State ID No	6 State wages, tips, etc.	17 State income	tax	18 Local wages, tip	os, etc.	19 Local income tax	20 L	ocality name
NC 101033854	191891.80	8'	794.00					

2022

Form W-2 Wage and Tax Statement

## Employee's Copy

Employee's Copy C - For EMPLOYEE'S RECORDS. (See Notice to Employee on back.)

Department of the Treasury-Internal Revenue Service. 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.

2022

State

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

OMB No. 1545-0008 Form W-2 Wage and Tax Statement

| A Employee's social security number | d Control number | d Control number | To Social security lips | To Social security

a Employee's social security number XXX-XX-1563	d Control number 026233 WY/08K		7 Social secu	rity tips	1 Wages	, tips, other compensation 191891.80	2 Federal in	come tax withheld 26249.06
c Employer's name, address, and Z	imployer's name, address, and ZIP code		8 Allocated tips 3		3 Social s	security wages	4 Social security tax withheld	
Cadence Design Systems, Inc. 4989 S State Street					147000.00		9114.00	
			9		5 Medica	re wages and tips	6 Medicare tax withheld	
PO 57548						186505.47		2704.33
Murray, UT 84157 b Employer identification number (E	IN) 77-0148231		10 Dependen	t care benefits	<sup>C</sup> 12a See <b>AA</b>	instructions for box 12 17721.95	C 12b	198.20
e Employee's first name and initial Last name SATYA SOMESWARA KATISHTK YANAMANDRA		Suff.	11 Nonqualifi	ed plans	C 12c	1248.06	<sup>C</sup> 12d <sup>d</sup> <b>DD</b>	15515.52
2325 CHAMPION CT RALEIGH, NC 27606			,	Retirement Third-party plan sick pay	14 Other	•		
f Employee's address and ZIP code				х				
15 State Employer's State ID No 16 State wages, tips, etc. 17 State incom		17 State income	e tax 18 Local wages, tip		ps, etc. 19 Local income tax		20 Locality name	
NC 101033854	191891.80	8	794.00					

2022 Federal

Federal

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

Department of the Transpury Internal Payanus Series.

OMB No. 1545-0008 FORM W	<u>-2 wage and Tax State</u>	ment	Filling Co	Py Department	of the Tre	asury-Internal Revenue Se	rvice.	
a Employee's social security num	nber d Control number		7 Social secu	urity tips	1 Wages	, tips, other compensation	2 Federal inc	come tax withheld
XXX-XX-1563	026233 WY/08K					191891.80		26249.06
c Employer's name, address, and ZIP code			8 Allocated tips		3 Social s	security wages	4 Social security tax withheld	
Cadence Design Systems, Inc.						147000.00		9114.00
4989 S State Street	,		9		5 Medica	re wages and tips	6 Medicare t	ax withheld
PO 57548						186505.47		2704.33
Murray, UT 84157 b Employer identification number	(EIN) 77-0148231		10 Depender	nt care benefits	C12a See	instructions for box 12 17721.95	C 12b	198.20
e Employee's first name and initia		Suff.	11 Nonqualif	ied plans	C12c d <b>D</b>	1248.06	C 12d DD	15515.52
2325 CHAMPION CT			13 Statutory	Retirement Third-party	14 Other			
RALEIGH, NC 27606			employee	plan sick pay				
f Employee's address and ZIP co	de			x				
15 State Employer's State ID No	16 State wages, tips, etc.	17 State income	tax	18 Local wages, tip	os, etc.	19 Local income tax	20 Loca	ality name
NC 101033854	191891.80	8	794.00					

		Year To Date Earnings				Year To Date	Year To Date Deductions			
007-003414-W2-27606-CADE	ENCE-2 of 2									
Cadence Design Systems, 4989 S State Street PO 57548	Inc.									
Murray, UT 84157										
Social Security No.: XXX-XX-1563										
a Employee's social security number	d Control number		7 Social secu	rity tips	1 Wages	, tips, other compensation	2 Federal income tax withheld			
c Employer's name, address, and ZIP of	026233 WY/08K code		8 Allocated tip	ns	3 Social s	security wages	4 Social security tax withheld			
Cadence Design Systems,			07111000	,,	0 000	county wages	4 Social Security tan			
4989 S State Street PO 57548	II.C.		9		5 Medicai	re wages and tips	6 Medicare tax withheld			
Murray, UT 84157 b Employer identification number (EIN)	` == 01.40031		10 Dependent	t care benefits		instructions for box 12	C 12b			
	77-0148231 Last name	Suff.	11 Nonqualifie	ed plans	<sup>g</sup> <b>₩</b> <sup>C</sup> 12c	7200.00	ୁଞ୍ଜ   ତ 12d			
SÁTYA SOMESWARA KA			,	·	d e		d e			
2325 CHAMPION CT RALEIGH, NC 27606				Retirement Third-party plan sick pay	14 Other					
RALEIGH, NO 27000				x						
f Employee's address and ZIP code 15 State Employer's State ID No 16 St	tota wagge time atc	17 State income		18 Local wages, tip	and oto	19 Local income tax	20 Locality name			
15 State Employer's State ID NOT TO SE	ate wages, tips, etc.	1/ State income	; tax	18 LUCAI Wayes, up	JS, etc.	19 LOCAL ITICOTTIE (AX	20 LOCAINY HAITIE			
2022 DMB No. 1545-0008 Form W-2 W	Vage and Tax State	ment	State Filing Co	py Department	of the Tre	asury-Internal Revenue Se				
a Employee's social security number XXX-XX-1563	026233 WY/08K		7 Social security tips		1 Wages, tips, other compensation					
c Employer's name, address, and ZIP cadence Design Systems,			8 Allocated tip	ρs	3 Social s	security wages	4 Social security tax withheld			
4989 S State Street PO 57548	Ific.		9		5 Medica	re wages and tips	6 Medicare tax withheld			
Murray, UT 84157			10 Dependen	nt care benefits	2		C 12b			
b Employer identification number (EIN)		Cff	11 Nonqualifie	ed nlans	<sup>d</sup> ₩ C 12c	7200.00	© <b>12d</b> .			
e Employee's first name and initial SATYA SOMESWARA KAUSHIK	Last name YANAMANDRA	Suff.	·		d e		0 12u d e			
2325 CHAMPION CT RALEIGH, NC 27606	_			Retirement Third-party plan sick pay	14 Other					
			l — .	x						
f Employee's address and ZIP code 15 State Employer's State ID No 16 St	tate wages, tips, etc.	17 State income	e tax	18 Local wages, tip	ps, etc.	19 Local income tax	20 Locality name			
0000										
2022			Federal	Copy B - To	o Be Filed	With Employee's FEDER	AL Tax Return.			
OMB No. 1545-0008 Form W-2 W		ment	Filing Co	py Department	of the Trea	asury-Internal Revenue Se	ervice.			
a Employee's social security number XXX-XX-1563	d Control number 026233 WY/08K		7 Social secu	rity tips	1 Wages	, tips, other compensation	2 Federal income tax withheld			
c Employer's name, address, and ZIP			8 Allocated tip	ps	3 Social s	security wages	4 Social security tax withheld			
Cadence Design Systems, 4989 S State Street	Inc.		9		5 Medica	re wages and tips	6 Medicare tax withheld			
PO 57548 Murray, UT 84157			10 Dependen	nt care benefits	C12a Sec	instructions for box 12	<sup>C</sup> 12b			
b Employer identification number (EIN)	77-0148231				e W	7200.00	d e			
e Employee's first name and initial SATYA SOMESWARA KAUSHIK	Last name	Suff.	11 Nonqualifie	ed plans	C 12c		C12d			
2325 CHAMPION CT										
RALEIGH, NC 27606	THEFT			Retirement Third-party	14 Other		<u> </u>			
TAMELOIT, INC 27000	TLAGARAMA		employee	plan sick pay	14 Other					
f Employee's address and ZIP code			employee							

Notice to Employee
Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even
if you do not have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for

any credit.

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AcI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than the specified amount for 2022 or fin income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/elic. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

of your SSN. However, your employer has reported your compete 35th out in 6 and the 38th SSN. Administration (SSA).

Clergy and religious workers. If you are not subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment necord. Be sure to ask the employer to file Form W-2c. Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at www.socialsecurity.gov.

www.socialsecurity.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The

reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable. Credit for excess taxes. If you had more than one employer in 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tay. See the Cern 1000 instruction. your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for

Instructions for Employee
Box 1. Enter this amount on the wages line of your tax return.
Box 2. Enter this amount on the federal income tax withheld line of your tax return.
Box 5. You may be required to report this amount on Form 8959. Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.
Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200.000.
Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.
You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tips amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security report of used to figure your benefits).
Box 10. This amount is (a) reported in box 1, 1 fit is a distribution made to you from a nonqualified deferred

included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box should not be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

give you a copy

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax
return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under al
plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b)
plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500.

Deferrals under code H are limited to \$7,000.

Limited First Institute and Side 1 and 50 in 2022 your employer may have allowed an additional deferral of up to \$6,5

Desertans unuser code H are limited to \$7,000. However, if you were at least age \$5 in 2022, your employer may have allowed an additional deferral of up to \$6,500. (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 great before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions

**Note:** If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in millitary service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 0 instructions Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5).

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE

ase), and 5).

—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE elitement account that is part of a section 401(k) arrangement.

—Elective deferrals under a section 403(k) salary reduction agreement

—Elective deferrals under a section 403(k)(6) salary reduction SEP

—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred

compensation plan

High graph common syntax and employer common syntax and profession plan

High graph common syntax and employer common syntax and profession plan. See the Form 1040 instructions for how to deduct. how to deduct.

J—Nonlaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Incollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only).

See the Form 1040 instructions

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5).

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

n—Emproyer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

Income from exercise of nontry stock option(s) (included in box et 1.3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable income, for reporting requirements.

Income from exercise of nontropy stock option (s) (included in box et 1.3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable income, for reporting requirements.

Income in the savings account. Report on Form 8889, Health Savings, counts (HSAs).

—Deterrals under a section 409A nonqualified deferred compensation plan.

—Income under a nonqualified deferred compensation plan that falls to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan.

DB—Designated Roth contributions under a section 403(b) plan.

DB—Cost of employer-sponsored health coverage. The amount reported with Code DD is not taxable.

EE—Designated Roth contributions under a section 457(b) plan. This amount does not apply to contributions under a sex-empt or analysic on section 457(b) plan.

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF-Permitted benefits under a qualified small employer health reimbursement arrangement

**GG**—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs), Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filling your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

GEFTALE DED. PLEASE MAKE A COPY OF YOUR STATE OR FEDERAL FILING COPY FOR USE WITH YOUR CITY OR LOCAL TAX FILING