

OMB No. 1545-0008		REISSUED STATEMENT			
d Control Number		1 Wages, tips, other compensation 23582.36	2 Federal income tax withheld 2885.76		
b Employer identification number (EIN) 94-3320693		3 Social security wages 24532.98	4 Social security tax withheld 1521.04		
a Employee's social security number 388-23-6886		5 Medicare wages and tips 24532.98	6 Medicare tax withheld 355.73		
c Employer's name, address and ZIP code SALESFORCE, INC. SALESFORCE TOWER 415 MISSION STREET, 3RD FLOOR SAN FRANCISCO CA 94105					

7 Social security tips		8 Allocated tips		9	
10 Dependent care benefits		11 Nonqualified plans		12a See instructions for box 12 Code D 950.62	
12b Code		12c Code		12d Code	
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other VPMI 259.41		
	X				

e Employee's name, address and ZIP code
MAHITA KALLEPALLI
2452 HYDE STREET
SAN FRANCISCO CA 94109

2022 Form W-2	15 State Employer's state I.D. no. CA 449-1640-1	16 State wages, tips, etc. 23582.36
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Wage and Tax Statement Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)	
17 State income tax 929.28	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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.
Department of the Treasury - Internal Revenue Service

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10 Dependent care benefits		11 Nonqualified plans		12a See instructions for box 12 Code D 950.62	
12b Code		12c Code		12d Code	
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other VPMI 259.41		
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e Employee's name, address and ZIP code
MAHITA KALLEPALLI
2452 HYDE STREET
SAN FRANCISCO CA 94109

2022 Form W-2	15 State Employer's state I.D. no. CA 449-1640-1	16 State wages, tips, etc. 23582.36
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Wage and Tax Statement Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.	
17 State income tax 929.28	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Department of the Treasury - Internal Revenue Service

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13 Statutory employee	Retirement plan	Third-party sick pay	14 Other VPMI 259.41		
	X				

e Employee's name, address and ZIP code
MAHITA KALLEPALLI
2452 HYDE STREET
SAN FRANCISCO CA 94109

2022 Form W-2	15 State Employer's state I.D. no. CA 449-1640-1	16 State wages, tips, etc. 23582.36
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Wage and Tax Statement Copy B - To Be Filed With Employee's FEDERAL Tax Return.	
17 State income tax 929.28	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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Department of the Treasury - Internal Revenue Service

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7 Social security tips		8 Allocated tips		9	
10 Dependent care benefits		11 Nonqualified plans		12a See instructions for box 12 Code D 950.62	
12b Code		12c Code		12d Code	
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e Employee's name, address and ZIP code
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Wage and Tax Statement Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.	
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19 Local income tax	20 Locality name

Department of the Treasury - Internal Revenue Service