OMB No. 1545-0008	REISSUED STATEMENT		OMB No. 1545-0008	REISSUED STATEMENT	as books
d Control Number	1 Wages, tips, other compensation 23582.36	2 Federal income tax withheld 2885.76	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	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	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 cod SALESFORCE, INC. SALESFORCE TOWER 415 MISSION STREET, SAN FRANCISCO CA	3RD FLOOR		c Employer's name, address and ZIP code SALESFORCE, INC. SALESFORCE TOWER 415 MISSION STREET, SAN FRANCISCO CA 9	3RD FLOOR	3
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	See instructions for box 12 B D 950.62	10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 § D 950.62
12b	12c	12d	12b 9 0	12c	12d
13 Statutory employee Patrement plan sick pay 2 Page 14 Page 15 Page 1	14 Other VPDI de	259.41	13 Statutory Retirement Third-party employee Retirement Third-party sick pay X X e Employee's name, address and ZIP company AMITA KALLEPALLI 2452 HYDE STREET	14 Other VPDI	259.41
15 State Emplo	ver's state I.D. no.				16 State wages, tips, etc.
	9-1640-1	16 State wages, tips, etc. 23582.36	2022 15 State Employ CA 449	er's state I.D. no. - 1 6 4 0 - 1	23582.36
Wage and Tax Statement Copy C - For EMPLOYEE'S RECORDS (See Notice to	17 State income tax 929.28	Local wages, tips, etc.	Wage and Tax Statement	17 State income tax 929.28	18 Local wages, tips, etc.
Employee on back of Copy B.) This information is being furnished to the Internal Revenue Service. If you are required			Copy B - To Be Filed With Employee's FEDERAL Tax Return.		50 L
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.	19 Local income tax 20	Locality name	This information is being furnished to the Internal Revenue Service,	19 Local income tax	20 Locality name
Department of the Treasury – Internal Revenue Service			Department of the Treasury – Internal Revenue Service		
OMB No. 1545-0008 d Control Number	REISSUED STATEMENT 1 Wages, tips, other compensation	105-1-11	OMB No. 1545-0008	REISSUED STATEMENT 1 Wages, tips, other compensation	2 Federal income tax withheld
	23582.36	2 Federal income tax withheld 2885.76	d Control Number	23582.36	2885.76
b Employer identification number (EIN) 94-3320693	3 Social security wages 24532.98	4 Social security tax withheld 1521.04	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	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 of SALESFORCE, INC. SALESFORCE TOWER 415 MISSION STREET SAN FRANCISCO CA	, 3RD FLOOR		c Employer's name, address and ZIP coc SALESFORCE, INC. SALESFORCE TOWER 415 MISSION STREET, SAN FRANCISCO CA 9	3RD FLOOR	
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a g D 950.62	10 Dependent care benefits	11 Nonqualified plans	12a g D 950.62
12b B C	12c	12d	12b	12c	12d
13 Statutory employee Retirement plan Third-par	ty 14 Other VPDI	259.41	13 Statutory Retirement Third-party sick pay	14 Other VPDI	259.41
Employee name address and ZP. MAHITA KALLEPALLI 2452 HYDE STREET SAN FRANCISCO CA	94109		e Employee's name, address and ZIP co MAHITA KALLEPALLI 2452 HYDE STREET SAN FRANCISCO CA	94109	
	yer's state I.D. no. -1640-1	16 State wages, tips, etc. 23582.36		oyer's state I.D. no. 0 – 1 6 4 0 – 1	16 State wages, tips, etc. 23582.36
Wage and Tax Statement		Local wages, tips, etc.	Wage and Tax Statement	17 State income tax 929.28	18 Local wages, tips, etc.
Copy 2 - To Be Filed With Employee's State, City, or	929.28		Copy 2 - To Be Filed With Employee's State, City, or	929.28	
Local Income Tax Return.	19 Local income tax 20) Locality name	Local Income Tax Return.	19 Local income tax	20 Locality name

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