							Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5
						es ts	123449.	97 123449.9	7 123449.97
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.						Life	95.	42 95.4	2 95.42
imposed on you i	this income is t	axable and yo	ou fail to	report it.	Deferred Co	omp	(18751.2	(0)	
Form W-2 Wage a					Section 125	5	(3150.4	(3150.46)	5) (3150.46)
Copy C—For EMP	LOYEE'S RECORI	55			Other Preta	x/Wage Limit			
					W-2 Wages		101643.	73 120394.9	3 120394.93
D. CONTROL NUMBER 001014274901			2022	OMB NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSA 101643		2. FEDERAL INCOME TAX WITHHELD 18862.33	
B. EMPLOYER IDENTIFICA	TION NUMBER (EIN)	A. EMPLOYEE'S	SOCIAL SEC	JRITY NUMBER	3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITHHELD				
04-2348234		178-27-7326			120394.93 7464.49				
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WITH	
Analog Devices, Inc						120394	1.93		1745.73
One Analog Way Wilmington MA 0188	7-9106				7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS				
					9.			10. DEPENDENT CARE B	ENEFITS
E. EMPLOYEE'S FIRST NAM	ME AND INITIAL	LAST NA		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d See instructions for C	box 12 95.42
Premchand		Ravella	3					D	18751.20
120 Commerce Way APT#531					14. OTHER MA	APFML	148.14	w	3149.99
Woburn MA 01801								DD	4384.68
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETIRE PLAN	MENT X THIRD-PARTY SICK PAY
	S STATE ID NUMBER	16. STATE WAG				18. LOCAL WAGES, T	IPS, ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME
MA 042-348-	234*06*		101643	.73	4814.20				

D. CONTROL NU 00101427490		202	OMB	NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSA 101643		2. FEDERAL INCOME TA	X WITHHELD 18862.33	
, ,					3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
04-2348234 178-27-7326					120394.93			7464.49		
C. EMPLOYER'S	NAME, ADDRESS, AND ZIP C	DDE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WIT	6. MEDICARE TAX WITHHELD	
Analog Device					120394.93			1745.73		
One Analog Way Wilmington MA 01887-9106					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
			9. 10. DEPENDENT CARE BE			BENEFITS				
E. EMPLOYEE'S	FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d		
Premchand		Ravella						С	95.42	
120 Common	saa May				14. OTHER MAPEML 148.14			D	18751.20	
APT#531	120 Commerce Way					APFML	148.14	w	3149.99	
	Woburn MA 01801							DD	4384.68	
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETIR	REMENT X THIRD-PARTY SICK PAY	
15. STATE EN	MPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIP	S, ETC.	17. STATE INCOME T	AX	18. LOCAL WAGES, TI	PS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	
MA 04	42-348-234*06*	101	643.73		4814.20					

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

2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

Premchan	nd merce Way	Ravella		14. OTHER M,		148.14	C - D	95.42 18751.20	
E. EMPLOYE	EE'S FIRST NAME AND INITIAL	LAST NAME	SUFF.	9. 11. NONQUALIFIED PLANS			10. DEPENDENT CARE BENEFITS 12.a-d		
One Analog Way Wilmington MA 01887-9106					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Analog Devices, Inc					5. MEDICARE WAGES AND TIPS 120394.93			6. MEDICARE TAX WITHHELD 1745.73	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER 04-2348234 178-27-7326					3. SOCIAL SECURITY WAGES 120394.93			4. SOCIAL SECURITY TAX WITHHELD 7464.49	
00101427		2022	OMB NO. 1545-0008		PS, OTHER COMPENSATION 101643.		2. FEDERAL INCOME TO	18862.33	

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL	NUMBER				1. WAGES. T	PS, OTHER COMPENSAT	ION	2. FEDERAL INCOME TA	X WITHHELD	
001014274			₂₂ OMB	OMB NO. 1545-0008	101643.73			18862.33		
B. EMPLOYE	R IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL	L SECURITY N	UMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY TO	AX WITHHELD	
04-2348234 178-27-7326					120394.93			7464.49		
C. EMPLOYE	R'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WIT	6. MEDICARE TAX WITHHELD	
Analog De						120394.	93		1745.73	
One Analog Way Wilmington MA 01887-9106					7. SOCIAL SECURITY 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 See instructions fo	r box 12	
Premchan	d	Ravella						С	95.42	
120 Commerce Way APT#531					14. OTHER MAPFML 148.14			D W	18751.20 3149.99	
Woburn M.	A 01801							DD	4384.68	
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETIR	REMENT X THIRD-PARTY SICK PAY	
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIP	PS, ETC.	17. STATE INCOME T	AX	18. LOCAL WAGES, TIP	S, ETC. 1	9. LOCAL INCOME TAX	20. LOCALITY NAME	
MA	042-348-234*06*	101	1643.73		4814.20					