

<p>To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.</p> <p>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.</p> <p>Form W-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS</p>				<p>Federal Box 1 Soc. Sec. Box 3 & 7 Medicare Box 5</p>			
				Gross Wages	123449.97	123449.97	123449.97
				Txbl Benefits			
				Group Term Life	95.42	95.42	95.42
				Adoption			
				Deferred Comp	(18751.20)		
				Section 125	(3150.46)	(3150.46)	(3150.46)
				Other Pretax/Wage Limit			
				W-2 Wages	101643.73	120394.93	120394.93
D. CONTROL NUMBER 001014274901		2022	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 101643.73	2. FEDERAL INCOME TAX WITHHELD 18862.33		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 04-2348234	A. EMPLOYEE'S SOCIAL SECURITY NUMBER 178-27-7326			3. SOCIAL SECURITY WAGES 120394.93	4. SOCIAL SECURITY TAX WITHHELD 7464.49		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Analog Devices, Inc One Analog Way Wilmington MA 01887-9106				5. MEDICARE WAGES AND TIPS 120394.93	6. MEDICARE TAX WITHHELD 1745.73		
				7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS		
				9.	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL Premchand			LAST NAME Ravella	SUFF.	11. NONQUALIFIED PLANS		
120 Commerce Way APT#531 Woburn MA 01801 USA				14. OTHER MAPFML 148.14	12.a-d See instructions for box 12 C 95.42 D 18751.20 W 3149.99 DD 4384.68		
F. EMPLOYEE'S ADDRESS AND ZIP CODE				13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD-PARTY SICK PAY <input type="checkbox"/>			
15. STATE MA	EMPLOYER'S STATE ID NUMBER 042-348-234*06*	16. STATE WAGES, TIPS, ETC. 101643.73	17. STATE INCOME TAX 4814.20	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	

D. CONTROL NUMBER 001014274901		2022	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 101643.73	2. FEDERAL INCOME TAX WITHHELD 18862.33		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 04-2348234	A. EMPLOYEE'S SOCIAL SECURITY NUMBER 178-27-7326			3. SOCIAL SECURITY WAGES 120394.93	4. SOCIAL SECURITY TAX WITHHELD 7464.49		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Analog Devices, Inc One Analog Way Wilmington MA 01887-9106				5. MEDICARE WAGES AND TIPS 120394.93	6. MEDICARE TAX WITHHELD 1745.73		
				7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS		
				9.	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL Premchand			LAST NAME Ravella	SUFF.	11. NONQUALIFIED PLANS		
120 Commerce Way APT#531 Woburn MA 01801 USA				14. OTHER MAPFML 148.14	12.a-d See instructions for box 12 C 95.42 D 18751.20 W 3149.99 DD 4384.68		
F. EMPLOYEE'S ADDRESS AND ZIP CODE				13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD-PARTY SICK PAY <input type="checkbox"/>			
15. STATE MA	EMPLOYER'S STATE ID NUMBER 042-348-234*06*	16. STATE WAGES, TIPS, ETC. 101643.73	17. STATE INCOME TAX 4814.20	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	

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**

D. CONTROL NUMBER 001014274901		2022	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 101643.73	2. FEDERAL INCOME TAX WITHHELD 18862.33		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 04-2348234	A. EMPLOYEE'S SOCIAL SECURITY NUMBER 178-27-7326			3. SOCIAL SECURITY WAGES 120394.93	4. SOCIAL SECURITY TAX WITHHELD 7464.49		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Analog Devices, Inc One Analog Way Wilmington MA 01887-9106				5. MEDICARE WAGES AND TIPS 120394.93	6. MEDICARE TAX WITHHELD 1745.73		
				7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS		
				9.	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL Premchand			LAST NAME Ravella	SUFF.	11. NONQUALIFIED PLANS		
120 Commerce Way APT#531 Woburn MA 01801 USA				14. OTHER MAPFML 148.14	12.a-d See instructions for box 12 C 95.42 D 18751.20 W 3149.99 DD 4384.68		
F. EMPLOYEE'S ADDRESS AND ZIP CODE				13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD-PARTY SICK PAY <input type="checkbox"/>			
15. STATE MA	EMPLOYER'S STATE ID NUMBER 042-348-234*06*	16. STATE WAGES, TIPS, ETC. 101643.73	17. STATE INCOME TAX 4814.20	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	

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**

D. CONTROL NUMBER 001014274901		2022	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 101643.73	2. FEDERAL INCOME TAX WITHHELD 18862.33		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 04-2348234	A. EMPLOYEE'S SOCIAL SECURITY NUMBER 178-27-7326			3. SOCIAL SECURITY WAGES 120394.93	4. SOCIAL SECURITY TAX WITHHELD 7464.49		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Analog Devices, Inc One Analog Way Wilmington MA 01887-9106				5. MEDICARE WAGES AND TIPS 120394.93	6. MEDICARE TAX WITHHELD 1745.73		
				7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS		
				9.	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL Premchand			LAST NAME Ravella	SUFF.	11. NONQUALIFIED PLANS		
120 Commerce Way APT#531 Woburn MA 01801 USA				14. OTHER MAPFML 148.14	12.a-d See instructions for box 12 C 95.42 D 18751.20 W 3149.99 DD 4384.68		
F. EMPLOYEE'S ADDRESS AND ZIP CODE				13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD-PARTY SICK PAY <input type="checkbox"/>			
15. STATE MA	EMPLOYER'S STATE ID NUMBER 042-348-234*06*	16. STATE WAGES, TIPS, ETC. 101643.73	17. STATE INCOME TAX 4814.20	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	

Copy B-To Be Filed With Employee's FEDERAL Tax Return 2022 Department of the Treasury - Internal Revenue Service
FORM **W-2 Wage and Tax Statement** This information is being furnished to the Internal Revenue Service