

# 2021 W-2 and EARNINGS SUMMARY

| Employee Reference Copy   |   |                                       |                           |
|---|---|---------------------------------------|---------------------------|
| <b>W-2</b>  |   | Wage and Tax Statement                |                           |
| 2021  |   | 2021                                  |                           |
| Copy C for employee's records. OMB No. 1545-0048  |   |                                       |                           |
| d Control number<br>0000101486 V36  | Dept.<br>IIUS                                 | Corp.<br>S                            | Employer use only<br>7584 |
| c Employer's name, address, and ZIP code<br>INTEL CORPORATION<br>2200 MISSION COLLEGE BLVD<br>SANTA CLARA, CA 95054 |   |                                       |                           |
| e/f Employee's name, address, and ZIP code<br>AGATA GRUZA<br>1411 NE CARLABY WAY #100<br>HILLSBORO, OR 97124        |   |                                       |                           |
| b Employer's FED ID number<br>94-1672743  | a Employee's SSA number<br>XXX-XX-7728        |                                       |                           |
| 1 Wages, tips, other comp.<br>8051.45   | 2 Federal income tax withheld<br>1516.60      |                                       |                           |
| 3 Social security wages<br>8658.92  | 4 Social security tax withheld<br>536.85      |                                       |                           |
| 5 Medicare wages and tips<br>8658.92  | 6 Medicare tax withheld<br>125.55             |                                       |                           |
| 7 Social security tips  | 8 Allocated tips                              |                                       |                           |
| 9   | 10 Dependent care benefits                    |                                       |                           |
| 11 Nonqualified plans   | 12a See instructions for box 12<br>C   7.52   |                                       |                           |
| 14 Other 8.05 OR STT WH   | 12b D   607.47                                |                                       |                           |
|   | 12c W   300.00                                |                                       |                           |
|   | 12d AA   607.47                               |                                       |                           |
|   | 13 Stat emp/Ret. plan/3rd party sick pay<br>X |                                       |                           |
| 15 State<br>OR  | Employer's state ID no.<br>00231120 6         | 16 State wages, tips, etc.<br>8051.45 |                           |
| 17 State income tax<br>609.00   |   | 18 Local wages, tips, etc.            |                           |
| 19 Local income tax   |   | 20 Locality name                      |                           |

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

AGATA GRUZA  
1411 NE CARLABY WAY #100  
HILLSBORO, OR 97124

Social Security Number: XXX-XX-7728



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| 1 Wages, tips, other comp.<br>8051.45   | 2 Federal income tax withheld<br>1516.60      |
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| d Control number<br>0000101486 V36  | Dept.<br>IIUS                                 |
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| b Employer's FED ID number<br>94-1672743  | a Employee's SSA number<br>XXX-XX-7728        |
| 7 Social security tips  | 8 Allocated tips                              |
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|   | 12c W   300.00                                |
|   | 12d AA   607.47                               |
|   | 13 Stat emp/Ret. plan/3rd party sick pay<br>X |
| e/f Employee's name, address and ZIP code<br>AGATA GRUZA<br>1411 NE CARLABY WAY #100<br>HILLSBORO, OR 97124         |   |
| 15 State<br>OR  | Employer's state ID no.<br>00231120 6         |
| 16 State wages, tips, etc.<br>8051.45   |   |
| 17 State income tax<br>609.00   |   |
| 18 Local wages, tips, etc.  |   |
| 19 Local income tax   |   |
| 20 Locality name  |   |

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| b Employer's FED ID number<br>94-1672743  | a Employee's SSA number<br>XXX-XX-7728        |
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|   | 12c W   300.00                                |
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|   | 13 Stat emp/Ret. plan/3rd party sick pay<br>X |
| e/f Employee's name, address and ZIP code<br>AGATA GRUZA<br>1411 NE CARLABY WAY #100<br>HILLSBORO, OR 97124         |   |
| 15 State<br>OR  | Employer's state ID no.<br>00231120 6         |
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| 16 State wages, tips, etc.<br>8051.45   |   |
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| 18 Local wages, tips, etc.  |   |
| 19 Local income tax   |   |
| 20 Locality name  |   |

Federal Filing Copy  
**W-2** Wage and Tax Statement  
2021

OR. State Filing Copy  
**W-2** Wage and Tax Statement  
2021

City or Local Filing Copy  
**W-2** Wage and Tax Statement  
2021

# 2021 W-2 and EARNINGS SUMMARY

| Employee Reference Copy   |  |             |                           |
|---|--|-------------|---------------------------|
| <b>W-2</b>  |  | <b>2021</b> |                           |
| Wage and Tax Statement  |  |             |                           |
| Copy C for employer's records. OMB No. 1545-0048  |  |             |                           |
| d Control number<br>0000101486 V36  | Dept.<br>IIUS                                  | Corp.<br>S  | Employer use only<br>7585 |
| c Employer's name, address, and ZIP code<br>INTEL CORPORATION<br>2200 MISSION COLLEGE BLVD<br>SANTA CLARA, CA 95054 |  |             |                           |
| e/f Employee's name, address, and ZIP code<br>AGATA GRUZA<br>1411 NE CARLABY WAY #100<br>HILLSBORO, OR 97124        |  |             |                           |
| b Employer's FED ID number<br>94-1672743  | a Employee's SSA number<br>XXX-XX-7728         |             |                           |
| 1 Wages, tips, other comp.  | 2 Federal income tax withheld                  |             |                           |
| 3 Social security wages   | 4 Social security tax withheld                 |             |                           |
| 5 Medicare wages and tips   | 6 Medicare tax withheld                        |             |                           |
| 7 Social security tips  | 8 Allocated tips                               |             |                           |
| 9   | 10 Dependent care benefits                     |             |                           |
| 11 Nonqualified plans   | 12a See instructions for box 12<br>DD 1025.42  |             |                           |
| 14 Other  | 12b  |             |                           |
|   | 12c  |             |                           |
|   | 12d  |             |                           |
|   | 13 Stat emp./Ret. plan/3rd party sick pay<br>X |             |                           |
| 15 State Employer's state ID no.  | 16 State wages, tips, etc.                     |             |                           |
| 17 State income tax   | 18 Local wages, tips, etc.                     |             |                           |
| 19 Local income tax   | 20 Locality name                               |             |                           |

### ADDITIONAL W-2 FOR BOX 12 OR 14 OVERFLOW

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

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|   |  |             |                           |
|---|--|-------------|---------------------------|
| 1 Wages, tips, other comp.  | 2 Federal income tax withheld                  |             |                           |
| 3 Social security wages   | 4 Social security tax withheld                 |             |                           |
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| d Control number<br>0000101486 V36  | Dept.<br>IIUS                                  | Corp.<br>S  | Employer use only<br>7585 |
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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<br>DD 1025.42  |             |                           |
| 14 Other  | 12b  |             |                           |
|   | 12c  |             |                           |
|   | 12d  |             |                           |
|   | 13 Stat emp./Ret. plan/3rd party sick pay<br>X |             |                           |
| e/f Employee's name, address and ZIP code<br>AGATA GRUZA<br>1411 NE CARLABY WAY #100<br>HILLSBORO, OR 97124         |  |             |                           |
| 15 State Employer's state ID no.  | 16 State wages, tips, etc.                     |             |                           |
| 17 State income tax   | 18 Local wages, tips, etc.                     |             |                           |
| 19 Local income tax   | 20 Locality name                               |             |                           |
| Federal Filing Copy   |  |             |                           |
| <b>W-2</b>  |  | <b>2021</b> |                           |
| Wage and Tax Statement  |  |             |                           |
| Copy B to be filed with employer's Federal Income Tax Return. OMB No. 1545-0048                                     |  |             |                           |

|   |  |             |                           |
|---|--|-------------|---------------------------|
| 1 Wages, tips, other comp.  | 2 Federal income tax withheld                  |             |                           |
| 3 Social security wages   | 4 Social security tax withheld                 |             |                           |
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| 17 State income tax   | 18 Local wages, tips, etc.                     |             |                           |
| 19 Local income tax   | 20 Locality name                               |             |                           |
| State Filing Copy   |  |             |                           |
| <b>W-2</b>  |  | <b>2021</b> |                           |
| Wage and Tax Statement  |  |             |                           |
| Copy 2 to be filed with employer's State Income Tax Return. OMB No. 1545-0048                                       |  |             |                           |

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| City or Local Filing Copy   |  |             |                           |
| <b>W-2</b>  |  | <b>2021</b> |                           |
| Wage and Tax Statement  |  |             |                           |
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