

1	Wages, tips, other comp. 9050.06	2	Federal income tax withheld 867.58
3	Social security wages	4	Social security tax withheld
5	Medicare wages and tips	6	Medicare tax withheld
Employer's name, address, and ZIP code FIVETRAN INC 1221 BROADWAY SUITE 2400 OAKLAND CA 94612			
Employee's name, address, and ZIP code SINDHU RAVI 3477, LILY WAY, APT 141 SAN JOSE CA 95134 US			
7	Social security tips	8	Allocated tips
9		10	Dependent care benefits
11	Nonqualified plans	12a DD	770.88
		12b	
13	Statutory employee Retirement plan Third-party sick pay	12c 12d Control #	758554
14	Employee's social security no. XXX-XX-3744 Employer ID number (EIN) 46-1571767		
15 St.	Employer's state ID number CA 018-3911-7	16 State wages, tips, etc. 9050.06	17 State income tax 235.46
18	Local wages, tips, etc. 9050.06	19	Local income tax 99.57
		20	Locality name CA-SDI
Form W-2 Wage and Tax Statement 2022 Copy B - To be filed with Employee's Federal Tax Return			
Department of the Treasury - Internal Revenue Service			

1	Wages, tips, other comp. 9050.06	2	Federal income tax withheld 867.58
3	Social security wages	4	Social security tax withheld
5	Medicare wages and tips	6	Medicare tax withheld
Employer's name, address, and ZIP code FIVETRAN INC 1221 BROADWAY SUITE 2400 OAKLAND CA 94612			
Employee's name, address, and ZIP code SINDHU RAVI 3477, LILY WAY, APT 141 SAN JOSE CA 95134 US			
7	Social security tips	8	Allocated tips
9		10	Dependent care benefits
11	Nonqualified plans	12a DD	770.88
		12b	
13	Statutory employee Retirement plan Third-party sick pay	12c 12d Control #	758554
14	Employee's social security no. XXX-XX-3744 Employer ID number (EIN) 46-1571767		
15 St.	Employer's state ID number CA 018-3911-7	16 State wages, tips, etc. 9050.06	17 State income tax 235.46
18	Local wages, tips, etc. 9050.06	19	Local income tax 99.57
		20	Locality name CA-SDI
Form W-2 Wage and Tax Statement 2022 Copy 2 - To be filed with Employee's State, City or Local Tax Return			
Department of the Treasury - Internal Revenue Service			

1	Wages, tips, other comp. 9050.06	2	Federal income tax withheld 867.58
3	Social security wages	4	Social security tax withheld
5	Medicare wages and tips	6	Medicare tax withheld
Employer's name, address, and ZIP code FIVETRAN INC 1221 BROADWAY SUITE 2400 OAKLAND CA 94612			
Employee's name, address, and ZIP code SINDHU RAVI 3477, LILY WAY, APT 141 SAN JOSE CA 95134 US			
7	Social security tips	8	Allocated tips
9		10	Dependent care benefits
11	Nonqualified plans	12a DD	770.88
		12b	
13	Statutory employee Retirement plan Third-party sick pay	12c 12d Control #	758554
14	Employee's social security no. XXX-XX-3744 Employer ID number (EIN) 46-1571767		
15 St.	Employer's state ID number CA 018-3911-7	16 State wages, tips, etc. 9050.06	17 State income tax 235.46
18	Local wages, tips, etc. 9050.06	19	Local income tax 99.57
		20	Locality name CA-SDI
Form W-2 Wage and Tax Statement 2022 Copy 2 - To be filed with Employee's State, City or Local Tax Return			
Department of the Treasury - Internal Revenue Service			

1	Wages, tips, other comp. 9050.06	2	Federal income tax withheld 867.58
3	Social security wages	4	Social security tax withheld
5	Medicare wages and tips	6	Medicare tax withheld
Employer's name, address, and ZIP code FIVETRAN INC 1221 BROADWAY SUITE 2400 OAKLAND CA 94612			
Employee's name, address, and ZIP code SINDHU RAVI 3477, LILY WAY, APT 141 SAN JOSE CA 95134 US			
7	Social security tips	8	Allocated tips
9		10	Dependent care benefits
11	Nonqualified plans	12a DD	770.88
		12b	
13	Statutory employee Retirement plan Third-party sick pay	12c 12d Control #	758554
14	Employee's social security no. XXX-XX-3744 Employer ID number (EIN) 46-1571767		
15 St.	Employer's state ID number CA 018-3911-7	16 State wages, tips, etc. 9050.06	17 State income tax 235.46
18	Local wages, tips, etc. 9050.06	19	Local income tax 99.57
		20	Locality name CA-SDI
Form W-2 Wage and Tax Statement 2022 Copy C - For Employee's Records			
Department of the Treasury - Internal Revenue Service			

Instructions for Employee
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 you do not file a tax return showing the correct amount of tax to report.

Box 1. Enter this amount on the wages line of your tax return.
Box 2. Enter this amount on the federal income tax withheld line of your tax return.
Box 3. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.
Box 4. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.
Box 5. For information on how to report tips on your tax return, see the Form 1040 instructions.
Box 6. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.
Box 7. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or 4 prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box should not be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.
Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.
However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$8,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals.
For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.
Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.
A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.
B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.
C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base) and 5).
D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.
E—Elective deferrals under a section 403(b) salary reduction agreement.
F—Elective deferrals under a section 408(k)(6) salary reduction SEP.
G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan.
H—Elective deferrals to a section 501(c)(19)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.
J—Nontaxable sick pay (information only, not included in box 1, 3, or 5).
K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.
L—Substantiated employee business expense reimbursements (nontaxable).
M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.
N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.
P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5).
Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.
S—Employer salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1).
T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.
V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.
W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).
Y—Deferrals under a section 409A nonqualified deferred compensation plan.
Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.
AA—Designated Roth contributions under a section 401(k) plan.
BB—Designated Roth contributions under a section 403(b) plan.
DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.
EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.
FF—Permitted benefits under a qualified small employer health reimbursement arrangement.
GG—Income from qualified equity grants under section 83(i).
HH—Aggregate deferrals under section 83(j) elections as of the close of the calendar year.
Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).
Box 14. Employers may use this box to report information such as state disability insurance tax withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare tax. Include tips reported by the employer to the employer in railroad retirement (RRTA) compensation.
Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Notice to Employee
Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a return. Even if you don't have to file a tax return, you may be eligible for a refund. Box 2 shows an amount or if you are eligible for any credit.
Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.
Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).
Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.
Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any errors. SSN, money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return if your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.
Cost of employer-sponsored health coverage. If such cost is provided by the employer as reported in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.
Credit for excess taxes. If you had more than one employer in 2022 and more than \$3,000 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,250 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843.

1095-B

Department of the Treasury
Internal Revenue Service

Health Coverage

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095B for instructions and the latest information.

VOID
 CORRECTED

OMB No. 1545-2252
2022

56011B

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name
Sindhu Ravi

2 Social security number (SSN) or other TIN
*****-**-3744**

3 Date of birth (if SSN or other TIN is not available)

4 Street address (including apartment no.)
3477 LILY WAY APT 141

5 City or town
SAN JOSE

6 State or province
CA

7 Country and ZIP or foreign postal code
95134

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes)
B

9 Reserved

Part III Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name
FIVETRAN INC

11 Employer identification number (EIN)
*******1767**

12 Street address (including room or suite no.)
405 14th St FL 11

13 City or town
Oakland

14 State or province
CA

15 Country and ZIP or foreign postal code
94612

16 Name
KAISER FOUNDATION HEALTH PLAN, INC.

17 Employer identification number (EIN)
941340523

18 Contact telephone number
844-477-0450

19 Street address (including room or suite no.)
One Kaiser Plaza 15L

20 City or town
Oakland

21 State or province
CA

22 Country and ZIP or foreign postal code
United States of America US 94612

Part IV Covered Individuals (Enter the information for each covered individual.)

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage																	
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec						
23	SINDHU RAVI	***-**-3744		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60704B

Form 1095-B (2022)