

|  |   |
|--|---|
| 1 Wages, tips, other comp.<br>26811.65 | 2 Federal income tax withheld<br>5528.16    |
| 3 Social security wages<br>26811.65    | 4 Social security tax withheld<br>1662.32   |
| 5 Medicare wages and tips<br>26811.65  | 6 Medicare tax withheld<br>388.77           |
| d Control number<br>0000125340 V36     | Dept. Corp. Employer use only<br>IIUS 69803 |

c Employer's name, address, and ZIP code  
INTEL CORPORATION  
2200 MISSION COLLEGE BLVD  
SANTA CLARA, CA 95054

|  |  |
|--|--|
| b Employer's FED ID number<br>94-1672743 | a Employee's SSA number<br>XXX-XX-2377                         |
| 7 Social security tips                   | 8 Allocated tips   |
| 9  | 10 Dependent care benefits                                     |
| 11 Nonqualified plans                    | 12a See instructions for box 12<br>C 8.04                      |
| 14 Other 26.81 OR STT WH                 | 12b<br>12c<br>12d<br>13 Stat emp. Ret. plan 3rd party sick pay |

e/f Employee's name, address and ZIP code  
VENKATA SUBRAMANY MATTIGUNTA  
2998 NE OVERLOOK DR  
APT 1632  
HILLSBORO, OR 97124

|   |  |
|---|--|
| 15 State OR<br>Employer's state ID no. 00231120 6 | 16 State wages, tips, etc.<br>26811.65 |
| 17 State income tax<br>2246.00                    | 18 Local wages, tips, etc.             |
| 19 Local income tax                               | 20 Locality name                       |

Federal Filing Copy  
**W-2 Wage and Tax Statement 2022**  
OMB No. 1545-0008  
Copy B to be filed with employee's Federal Income Tax Return.

|  |   |
|--|---|
| 1 Wages, tips, other comp.<br>26811.65 | 2 Federal income tax withheld<br>5528.16    |
| 3 Social security wages<br>26811.65    | 4 Social security tax withheld<br>1662.32   |
| 5 Medicare wages and tips<br>26811.65  | 6 Medicare tax withheld<br>388.77           |
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c Employer's name, address, and ZIP code  
INTEL CORPORATION  
2200 MISSION COLLEGE BLVD  
SANTA CLARA, CA 95054

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| b Employer's FED ID number<br>94-1672743 | a Employee's SSA number<br>XXX-XX-2377                         |
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| 9  | 10 Dependent care benefits                                     |
| 11 Nonqualified plans                    | 12a C 8.04   |
| 14 Other 26.81 OR STT WH                 | 12b<br>12c<br>12d<br>13 Stat emp. Ret. plan 3rd party sick pay |

e/f Employee's name, address and ZIP code  
VENKATA SUBRAMANY MATTIGUNTA  
2998 NE OVERLOOK DR  
APT 1632  
HILLSBORO, OR 97124

|   |  |
|---|--|
| 15 State OR<br>Employer's state ID no. 00231120 6 | 16 State wages, tips, etc.<br>26811.65 |
| 17 State income tax<br>2246.00                    | 18 Local wages, tips, etc.             |
| 19 Local income tax                               | 20 Locality name                       |

OR. State Filing Copy  
**W-2 Wage and Tax Statement 2022**  
OMB No. 1545-0008  
Copy 2 to be filed with employee's State Income Tax Return.

|  |   |
|--|---|
| 1 Wages, tips, other comp.<br>26811.65 | 2 Federal income tax withheld<br>5528.16    |
| 3 Social security wages<br>26811.65    | 4 Social security tax withheld<br>1662.32   |
| 5 Medicare wages and tips<br>26811.65  | 6 Medicare tax withheld<br>388.77           |
| d Control number<br>0000125340 V36     | Dept. Corp. Employer use only<br>IIUS 69803 |

c Employer's name, address, and ZIP code  
INTEL CORPORATION  
2200 MISSION COLLEGE BLVD  
SANTA CLARA, CA 95054

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|--|--|
| b Employer's FED ID number<br>94-1672743 | a Employee's SSA number<br>XXX-XX-2377                         |
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| 9  | 10 Dependent care benefits                                     |
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| 14 Other 26.81 OR STT WH                 | 12b<br>12c<br>12d<br>13 Stat emp. Ret. plan 3rd party sick pay |

e/f Employee's name, address and ZIP code  
VENKATA SUBRAMANY MATTIGUNTA  
2998 NE OVERLOOK DR  
APT 1632  
HILLSBORO, OR 97124

|   |  |
|---|--|
| 15 State OR<br>Employer's state ID no. 00231120 6 | 16 State wages, tips, etc.<br>26811.65 |
| 17 State income tax<br>2246.00                    | 18 Local wages, tips, etc.             |
| 19 Local income tax                               | 20 Locality name                       |

City or Local Filing Copy  
**W-2 Wage and Tax Statement 2022**  
OMB No. 1545-0008  
Copy 2 to be filed with employee's City or Local Income Tax Return.

FOLD AND DETACH HERE

FOLD AND DETACH HERE