								Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5	
to the right is an explanation of your in 2 mages.						Gross Wage		156088. 2560.			
required to file a tax return, a negligence penalty or other sanction may be						Group Term Adoption	Life	596.	16 596.	16 596.16	
					Deferred Co Section 125		(9369.7 (759.8	- *	4) (759.84)		
Copy C—For EMP						Other Preta	x/Wage Limit	,	(11485.0	5)	
						W-2 Wages		149115.	.30 147000.	00 158485.05	
D. CONTROL NUMBER 003217854501		2022	OMB NO.	1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 149115.30		2. FEDERAL INCOME TAX WITHHELD 21048.25				
B. EMPLOYER IDENTIFICA	TION NUMBER (EIN)	A. EMPLOYEE'S	SOCIAL SEC	URITY NUMBER		3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
36-2440683		040-71-5658				147000.00			9114.00		
C. EMPLOYER'S NAME, A		DDE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT		
Schneider Electric US 1111 PASQUINELLI D							15848	35.05		2298.03	
SUITE 100						7. SOCIAL SEC	ORITY TIPS		8. ALLOCATED TIPS		
Westmont IL 60559-1224					9.			10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST NAI	ME AND INITIAL	LAST NA			SUFF.	11. NONQUALIFIED PLANS			12.a-d See instructions for box 12		
Muthuppandi		Veeran	ian							9369.75	
11301 CROWNE BROOK CIRCLE					14. OTHER			w	700.00		
Franklin TN 37067 USA									DD	6220.56	
F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETIR	EMENT X THIRD-PARTY SICK PAY		
15. STATE   EMPLOYER'S STATE ID NUMBER   16. STATE WAGES, TIPS, ETC.   17. STATE INCOME TO					AX	18. LOCAL WAGES,	TIPS, ETC. 19	LOCAL INCOME TAX	20. LOCALITY NAME		

D. CONTROL NUMBER 003217854501	2022	OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION 149115.30	2. FEDERAL INCOME T	AX WITHHELD 21048.25		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER				CURITY WAGES	4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
36-2440683	040-71-5658			147000.00		9114.00		
C. EMPLOYER'S NAME, ADDRESS, AND Z	CODE		5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD		
Schneider Electric USA, Inc				158485.05		2298.03		
1111 PASQUINELLI DRIVE SUITE 100 Westmont IL 60559-1224			7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
Westinont 1E 00339-1224			9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL Muthuppandi	LAST NAME <b>Veeranan</b>	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d C	596.16		
11301 CROWNE BROOK CIRCLE			14. OTHER		D W	9369.75		
Franklin TN 37067					W DD	700.00 6220.56		
USA  F. EMPLOYEE'S ADDRESS AND ZIP CODE					13. STATUTORY RET	13. STATUTORY RETIREMENT X THIRD-PARTY		
15. STATE EMPLOYER'S STATE ID NUM	BER 16. STATE WAGES, TIPS,	ETC. 17. STATE INCOME	TAX	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 003217854501	2022	OMB	NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENS, 14911!		2. FEDERAL INCOME TA	XX WITHHELD 21048.25		
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	JMBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD				
36-2440683			147000.00			9114.00				
C. EMPLOYER'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WIT	6. MEDICARE TAX WITHHELD		
Schneider Electric USA, Inc		158485.05			2298.03					
1111 PASQUINELLI DRIVE SUITE 100 Westmont IL 60559-1224					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
Westmont 1E 00339-1224		9.			10. DEPENDENT CARE BENEFITS					
E. EMPLOYEE'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUALIFIED PLANS			12.a-d			
Muthuppandi Veeranan							С	596.16		
11301 CROWNE BROOK CIRCLE Franklin TN 37067				14. OTHER			W DD	9369.75 700.00 6220.56		
USA  F. EMPLOYEE'S ADDRESS AND ZIP CODE					13. STATUTORY RETIREMENT X THIRD-PARTY PLAN SICK PAY					
15. STATE EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS,	, ETC.	17. STATE INCOME T	AX	18. LOCAL WAGES, 1	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		

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Department of the Treasury - Internal Revenue Service

## FORM W-2 Wage and Tax Statement

	•										
D. CONTROL	L NUMBER		01.10		1. WAGES, T	PS, OTHER COM	ENSATION	2. FI	EDERAL INCOME TA	X WITHHELD	
00321785	854501		2022 OMB	OMB NO. 1545-0008	149115.30				21048.25		
B. EMPLOYER IDENTIFICATION NUMBER (EIN)   A. EMPLOYEE'S S			CIAL SECURITY N	JMBER	3. SOCIAL SECURITY WAGES			4. St	4. SOCIAL SECURITY TAX WITHHELD		
36-2440683 040-71-5658					147000.00				9114.00		
C. EMPLOYE	R'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE WAGES AND TIPS			6. N	6. MEDICARE TAX WITHHELD		
	Electric USA, Inc					158485.05			2298.03		
1111 PASQUINELLI DRIVE SUITE 100					7. SOCIAL SECURITY TIPS				8. ALLOCATED TIPS		
Westmont IL 60559-1224						9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYE	E'S FIRST NAME AND INITIAL	LAST NAM	1E	SUFF.	11. NONQUAL	IFIED PLANS		12.a-	d See instructions for		
Muthuppandi Veeranai			n						С	596.16	
11301 CROWNE BROOK CIRCLE					14. OTHER				D	9369.75	
Franklin TN 37067									W	700.00	
USA									DD 6220.56		
F. EMPLOYEE'S ADDRESS AND ZIP CODE									TATUTORY RETIR	EMENT X THIRD-PARTY SICK PAY	
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES,	, TIPS, ETC.	17. STATE INCOME 1	AX	18. LOCAL WAG	ES, TIPS, ETC.	19. LOCA	AL INCOME TAX	20. LOCALITY NAME	