								Federal Box 1	Soc.	Sec. Box 3 &	7 Medicare Box 5	
to the right is an explanation of your in 2 mages.						Gross Wage Txbl Benefit		142480 314		142480.3 314.3		
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						Group Term Adoption Deferred Co		236	.22	236.	22 236.22	
Form W-2 Wage and Tax Statement 2022						Section 125		(5880.00) (588		(5880.0	0) (5880.00)	
						W-2 Wages		137150	.69	137150.	69 137150.69	
D. CONTROL NUMBER 000090789701			2022	OMB N	NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPEN	ISATION 50.69	2. FEDERAL	INCOME TA	X WITHHELD 25485.78	
B. EMPLOYER IDENTIFICAT	TON NUMBER (EIN)	A. EMPLOYEE'S	SOCIAL SEC	URITY NU	MBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD			
84-3098448		502-41-0762				137150.69				8503.34		
C. EMPLOYER'S NAME, AD	DRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICAL	RE TAX WIT		
Hitachi Vantara LLC								50.69			1988.69	
2535 Augustine Drive Santa Clara CA 95054						7. SOCIAL SEC	CURITY TIPS		8. ALLOCAT	ED TIPS		
						9.			10. DEPEND	ENT CARE E	BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.  PavanKumar R Mallireddy					11. NONQUALIFIED PLANS			12.a-d See instructions for box 12 C 236.22				
3861 80th Avenue No Marysville WA 98270 USA	rtheast					14. OTHER			DD DD		4400.00 3480.00	
F. EMPLOYEE'S ADDRESS	AND ZIP CODE								<ol> <li>STATUTO EMPLOYE</li> </ol>	RY RETIR	EMENT X THIRD-PARTY SICK PAY	
	STATE ID NUMBER	16. STATE WAGE	ES, TIPS, E	TC. 1	17. STATE INCOME T	AX	18. LOCAL WAGES	, TIPS, ETC. 19	LOCAL INCO	ME TAX	20. LOCALITY NAME	

D. CONTROL NUMBER						1. WAGES, T	PS, OTHER COMPENSATION	2. FEDERAL INCOME TA	AX WITHHELD	
000090789701			2022	OMB NO. 1545-000			137150.69	25485.78		
B. EMPLOYER IDENTIF	B. EMPLOYER IDENTIFICATION NUMBER (EIN)   A. EMPLOYEE'S S		SOCIAL SECURITY NUMBER			3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD	
84-3098448 502-41-0762							137150.69		8503.34	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE						5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WIT	6. MEDICARE TAX WITHHELD	
Hitachi Vantara LLC							137150.69		1988.69	
2535 Augustine Drive Santa Clara CA 95054					7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
						9.		10. DEPENDENT CARE	BENEFITS	
E. EMPLOYEE'S FIRST I PavanKumar R	NAME AND INITIAL	LAST NA Mallire			SUFF.	11. NONQUAL	IFIED PLANS	12.a-d C	236.22	
3861 80th Avenue Marysville WA 982 USA						14. OTHER		W DD	4400.00 3480.00	
F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETI		
15. STATE EMPLOY	ER'S STATE ID NUMBER	16. STATE WAG	ES, TIPS, E	TC. 1	7. STATE INCOME 1	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	

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2022

Department of the Treasury - Internal Revenue Service

## FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000090789701	2022	OMB NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSATION 137150.69		2. FEDERAL INCOME TA	X WITHHELD 25485.78	
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD				
84-3098448	137150.69			8503.34				
C. EMPLOYER'S NAME, ADDRESS, AND ZIP C	ODE		5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD		
Hitachi Vantara LLC				137150.69		1988.69		
2535 Augustine Drive Santa Clara CA 95054	7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS				
			9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL	LAST NAME	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d		
PavanKumar R	Mallireddy					С	236.22	
3861 80th Avenue Northeast Marysville WA 98270 USA						DD	4400.00 3480.00	
F. EMPLOYEE'S ADDRESS AND ZIP CODE						13. STATUTORY RETIF	REMENT X THIRD-PARTY SICK PAY	
15. STATE   EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS, E	ETC. 17. STATE INCOME 1	ГАХ	18. LOCAL WAGES, TIPS, E	TC. 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

							T		
D. CONTROL NUMBER		OM	B NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSATION		2. FEDERAL INCOME TA		
000090789701	20	022	NVIB NO. 1343-0008	137150.69			25485.78		
B. EMPLOYER IDENTIFICATION NUMBER (EIN	A. EMPLOYEE'S SOCI	IAL SECURITY	NUMBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
84-3098448 502-41-0762					137150.69		8503.34		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP	CODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	HHELD	
Hitachi Vantara LLC					137150.69			1988.69	
2535 Augustine Drive Santa Clara CA 95054					CURITY TIPS		8. ALLOCATED TIPS		
		9.			10. DEPENDENT CARE BENEFITS				
E. EMPLOYEE'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d See instructions for	box 12	
PavanKumar R	Mallireddy	v					С	236.22	
	,	•		14. OTHER			W	4400.00	
3861 80th Avenue Northeast Marysville WA 98270				14. OTHER			DD	3480.00	
USA							13. STATUTORY RETIR	EMENT THIRD-PARTY	
F. EMPLOYEE'S ADDRESS AND ZIP CODE							EMPLOYEE PLAN		
15. STATE EMPLOYER'S STATE ID NUMBE	R 16. STATE WAGES, 1	TIPS, ETC.	17. STATE INCOME T	AX	18. LOCAL WAGES, TIPS, E	TC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME	