								Federal Box 1	Soc. Sec. Box 3 8	4 7 Medicare Box 5		
To the right is an Please note that				ents.		Gross Wages 117866.2 Txbl Benefits			23 117866.	23 117866.23		
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 this income is taxable and you fail to report it.						Group Term Adoption	Group Term Life 178.13 Adoption			13 178.13		
Form W-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS						Deferred Co Section 125 Other Preta	•	(6034.0 (7266.3		(7266.32)		
						W-2 Wages	,	104743	.99 110778.	04 110778.04		
D. CONTROL NUMBER 000020161001		2022 OMB NO. 1545-000			IO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 104743.99			2. FEDERAL INCOME TAX WITHHELD 10752.70			
B. EMPLOYER IDENTIFICA 20-4429448	TION NUMBER (EIN)	A. EMPLOYEE'S S XXX-XX-6198		URITY NUN	MBER	3. SOCIAL SECURITY WAGES 110778.04			4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD 6868.24		
C. EMPLOYER'S NAME, A Coupa Software, Inc.		ODE				5. MEDICARE WAGES AND TIPS 110778.04			6. MEDICARE TAX WITHHELD 1606.28			
1855 S. Grant Street San Mateo CA 94402						7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS			
						9.			10. DEPENDENT CARE	BENEFITS		
E. EMPLOYEE'S FIRST NA Raviteja	ME AND INITIAL	LAST NA Mallem			SUFF.	11. NONQUALIFIED PLANS			12.a-d See instructions for box 12 C 178.13			
1133 Woodbridge Boulevard Lebanon TN 37090 USA					14. OTHER			D W AA	6034.05 5266.07 2455.30			
F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETII	REMENT X THIRD-PARTY SICK PAY			
15. STATE EMPLOYER	'S STATE ID NUMBER	16. STATE WAGE	ES, TIPS, ET	rc. 1	7. STATE INCOME T	AX	18. LOCAL WAGES, TI	PS, ETC. 19	LOCAL INCOME TAX	20. LOCALITY NAME		

D. CONTROL NUM 000020161001			2022	OMB NO.	1545-0008	1. WAGES, T	PS, OTHER COMPE 104	NSATION <b>743.99</b>		2. FEDERAL INCOME TAX WITHHELD 10752.70		
B. EMPLOYER IDEN	EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER				R	3. SOCIAL SECURITY WAGES				4. SOCIAL SECURITY TAX WITHHELD		
20-4429448 XXX-XX-6198					110	778.04			6868.24			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE						5. MEDICARE	WAGES AND TIPS	i		6. MEDICARE TAX WIT	HHELD	
Coupa Software, Inc.							110	778.04			1606.28	
1855 S. Grant Street San Mateo CA 94402				7. SOCIAL SECURITY TIPS				8. ALLOCATED TIPS				
					9.				10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIR Raviteja	RST NAME AND INITIAL	LAST NA Mallem			SUFF.	11. NONQUALIFIED PLANS			12.a-d C	178.13		
1133 Woodbride	ge Boulevard					14. OTHER	14. OTHER			D W	6034.05 5266.07	
Lebanon TN 37	090									AA	2455.30	
USA  F. EMPLOYEE'S ADDRESS AND ZIP CODE												
15. STATE EMP	LOYER'S STATE ID NUMBER	16. STATE WAGE	ES, TIPS, ET	C. 17. S	TATE INCOME 1	AX	18. LOCAL WAGE	S, TIPS, ETC.	19. l	LOCAL INCOME TAX	20. LOCALITY NAME	

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# FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER		OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION	2. FEDERAL INCOM	2. FEDERAL INCOME TAX WITHHELD		
000020161001	2022	OIVIB NO. 1343-0008		104743.99		10752.70		
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	CURITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURIT	4. SOCIAL SECURITY TAX WITHHELD			
20-4429448 XXX-XX-6198				110778.04		6868.24		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP C	ODE		5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX	WITHHELD		
Coupa Software, Inc.				110778.04		1606.28		
1855 S. Grant Street San Mateo CA 94402			7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
			9.		10. DEPENDENT CA	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL	LAST NAME	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d			
Raviteja	Mallem				С	178.13		
1133 Woodbridge Boulevard			14. OTHER		D	6034.05		
Lebanon TN 37090			1		W	5266.07		
USA					AA	2455.30		
F. EMPLOYEE'S ADDRESS AND ZIP CODE						RETIREMENT X THIRD-PARTY PLAN SICK PAY		
15. STATE EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS, I	ETC. 17. STATE INCOME 1	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TA	X 20. LOCALITY NAME		
						atamal Davision Cami		

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### FORM W-2 Wage and Tax Statement

D. CONTROL	NUMBER			ONAD NA	D. 1545-0008	1. WAGES, TI	PS, OTHER COMPE	NSATION		2. FEDERAL INCOME TA	X WITHHELD	
000020161	.001		2022	OIVIB NO. 1	J. 1545-0008	104743.99				10752.70		
B. EMPLOYER	R IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S S	SOCIAL SECURITY NUMBER			3. SOCIAL SECURITY WAGES				4. SOCIAL SECURITY TAX WITHHELD		
20-4429448	8	XXX-XX-6198					110	778.04			6868.24	
C. EMPLOYER	R'S NAME, ADDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS			6. MEDICARE TAX WIT	HHELD	
Coupa Softv							110	778.04			1606.28	
1855 S. Grant Street San Mateo CA 94402					7. SOCIAL SEC	URITY TIPS			8. ALLOCATED TIPS			
						9.				10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE	'S FIRST NAME AND INITIAL	LAST NAI	ME		SUFF.	11. NONQUALIFIED PLANS				12.a-d See instructions for box 12		
Raviteja		Mallem								С	1	178.13
						14. OTHER				D	60	034.05
Lebanon TN	dbridge Boulevard					14. OTHER				W	52	266.07
USA	N 37090									AA	24	455.30
F. EMPLOYEE'S ADDRESS AND ZIP CODE										REMENT X THIRD-PA		
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES	S, TIPS, ETC	C. 17	STATE INCOME	ΓAX	18. LOCAL WAGE	S, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NAM	ΛE

						Earnir	ngs - Dayforce						
								Federal Box 1	Soc. Sec. Box 3 &	7	Medicare Box 5		
To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.  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 this income is taxable and you fall to report it.  Form W-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS						Adoption Deferred Comp Section 125 Other Pretax/Wage Limit							
D. CONTROL NUMBER						W-2 Wages	IPS, OTHER COMPENS	ATION	2. FEDERAL INCOME TA	X WITH	4FI D		
000020161002			2022	OMB	3 NO. 1545-0008	1	11-3, 0111211 2011	Allon	2. TEDERAL INCOME TAX WITHINGED				
B. EMPLOYER IDENTIFICA 20-4429448	MPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER 4429448 XXX-XX-6198						CURITY WAGES		4. SOCIAL SECURITY TA	X WITH	IHELD		
C. EMPLOYER'S NAME, A		ODE	-			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	HELD			
Coupa Software, Inc. 1855 S. Grant Street San Mateo CA 94402						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS				
						9.			10. DEPENDENT CARE BENEFITS				
E. EMPLOYEE'S FIRST NAI Raviteja	ME AND INITIAL	LAST NA Mallen			SUFF.	11. NONQUALIFIED PLANS			12.a-d See instructions for DD	box 12	15319.14		
1133 Woodbridge Bo Lebanon TN 37090 USA	ulevard					14. OTHER							
F. EMPLOYEE'S ADDRESS	S AND ZIP CODE								13. STATUTORY RETIR	EMENT	THIRD-PARTY SICK PAY		
	'S STATE ID NUMBER	16. STATE WAG	ES, TIPS, E	TC.	17. STATE INCOME TO	AX	18. LOCAL WAGES,	TIPS, ETC. 19.	LOCAL INCOME TAX	20. LO	CALITY NAME		
'													
D. CONTROL NUMBER 000020161002			2022	ОМВ	NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENS	ATION	2. FEDERAL INCOME TAX WITHHELD				
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER 20-4429448 XXX-XX-6198					JUMBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD				
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	HELD			
Coupa Software, Inc. 1855 S. Grant Street San Mateo CA 94402						7. SOCIAL SECURITY TIPS 8. ALLC			8. ALLOCATED TIPS				
Juli Pidco CA 74702								40 DEDINIDENT CARE DENIETIES					

D. CONTROL NUMBER 000020161002		2022 OMB NO. 1545-0008					2. FEDERAL INCOME TA	2. FEDERAL INCOME TAX WITHHELD		
B. EMPLOYER IDENTIFICA 20-4429448	EMPLOYER IDENTIFICATION NUMBER (EIN)  A. EMPLOYEE'S SOCIAL SECURITY NUMBER  XXX-XX-6198			3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE						WAGES AND TIPS		6. MEDICARE TAX WIT	HHELD	
Coupa Software, Inc.										
1855 S. Grant Street San Mateo CA 94402				7. SOCIAL SE	CURITY TIPS		8. ALLOCATED TIPS	8. ALLOCATED TIPS		
					9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAM Raviteja	ME AND INITIAL	LAST NA Mallen		SUFF.	11. NONQUALIFIED PLANS		12.a-d DD	15319.14		
1133 Woodbridge Boulevard Lebanon TN 37090 USA				14. OTHER				REMENT X THIRD-PARTY		
F. EMPLOYEE'S ADDRESS AND ZIP CODE							EMPLOYEE PLAN			
15. STATE EMPLOYER'	S STATE ID NUMBER	16. STATE WAG	ES, TIPS, E	TC. 17. STATE INCOME	TAX	18. LOCAL WAGES, T	IPS, ETC. 1	19. LOCAL INCOME TAX	20. LOCALITY NAME	

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# FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000020161002	2022	OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION		2. FEDERAL INCOME TA	X WITHHELD
B. EMPLOYER IDENTIFICATION NUMBER (EIN 20-4429448	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP Coupa Software, Inc.	CODE		5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	HHELD
1855 S. Grant Street San Mateo CA 94402	7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS			
	9.			10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST NAME AND INITIAL Raviteja	LAST NAME Mallem	SUFF.	11. NONQUAL	IFIED PLANS	:	12.a-d DD	15319.14
1133 Woodbridge Boulevard Lebanon TN 37090 USA			14. OTHER				
F. EMPLOYEE'S ADDRESS AND ZIP CODE					:	13. STATUTORY RETIF	THIRD-PARTY SICK PAY
15. STATE   EMPLOYER'S STATE ID NUMBE	R 16. STATE WAGES, TIPS, E	TC. 17. STATE INCOME T	AX	18. LOCAL WAGES, TIPS, ETC	19. L	LOCAL INCOME TAX	20. LOCALITY NAME

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# FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER		0140 110 4545 0000	1. WAGES, TI	IPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD			
000020161002	2022	OMB NO. 1545-0008						
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	. EMPLOYER IDENTIFICATION NUMBER (EIN)   A. EMPLOYEE'S SOCIAL SECURITY NUMBER				4. SOCIAL SECURITY T	AX WITHHELD		
20-4429448	XXX-XX-6198							
C. EMPLOYER'S NAME, ADDRESS, AND ZIP C	ODE		5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WIT	THHELD		
Coupa Software, Inc.								
1855 S. Grant Street San Mateo CA 94402			7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
			9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL Raviteja	LAST NAME Mallem	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d See instructions fo	12.a-d See instructions for box 12 DD 15319.14		
1133 Woodbridge Boulevard Lebanon TN 37090 USA								
F. EMPLOYEE'S ADDRESS AND ZIP CODE								
15. STATE EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS, ET	TC. 17. STATE INCOME T	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		