

2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy			
W-2		2023	
Wage and Tax Statement			
Copy C for employee's records. OMB No. 1545-0008			
d Control number	Dept.	Corp.	Employer use only
0000049142 U2H		YAQF	C S 47595
c Employer's name, address, and ZIP code			
CISCO SYSTEMS INC 170 W TASMAN DR M/S SJ11-1 SAN JOSE, CA 95134-1706			
e/f Employee's name, address, and ZIP code			
SINDHU PRIYA VEMULA 25623 BURBAGE CIRCLE CARY, NC 27519			
b Employer's FED ID number	a Employee's SSA number		
77-0059951	XXX-XX-4758		
1 Wages, tips, other comp.	2 Federal income tax withheld		
124863.27	22535.51		
3 Social security wages	4 Social security tax withheld		
136625.61	8470.79		
5 Medicare wages and tips	6 Medicare tax withheld		
136625.61	1981.07		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	C 415.05		
14 Other 4264.00 RSU PSU	12b D 11762.34		
	12c DD 21170.76		
	12d		
13 Stat emp. Ret. plan 3rd party sick pay			
X			
15 State	Employer's state ID no.	16 State wages, tips, etc.	
NC	101032444	124863.27	
17 State income tax	18 Local wages, tips, etc.		
5418.00			
19 Local income tax	20 Locality name		

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information file a new W-4 with your payroll department.

Social Security Number: XXX-XX-4758

SINDHU PRIYA VEMULA
25623 BURBAGE CIRCLE
CARY, NC 27519



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PAGE 1 OF 1

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Federal Filing Copy	
W-2	2023
Wage and Tax Statement	
Copy B to be filed with employee's Federal Income Tax Return.	

NC. State Filing Copy	
W-2	2023
Wage and Tax Statement	
Copy 2 to be filed with employee's State Income Tax Return.	

City or Local Filing Copy	
W-2	2023
Wage and Tax Statement	
Copy 2 to be filed with employee's City or Local Income Tax Return.	

Cisco Systems Inc.
 170 West Tasman Drive
 San Jose, CA 95134

AV 01 018243 79603H 77 A**5DGT

SINDHU PRIYA VEMULA
 25623 BURBAGE CIRCLE
 CARY NC 27519



Form 3922 OMB No. 1545-2129

Tax Year 2023
Copy B for Employee

Transfer of Stock Acquired Through an Employee Stock Purchase Plan Under Section 423(c)

Transferor's Name and Address

Cisco Systems Inc.
 170 West Tasman Drive
 San Jose, CA 95134

Employee's Name and Address

SINDHU PRIYA VEMULA
 25623 BURBAGE CIRCLE
 CARY NC 27519

Transferor's Federal Identification Number

77-0059951

Employee Identification Number

*****4758

Account	Box 1: Date Option Granted	Box 2: Date Option Exercised	Box 3: Fair Market Value per Share on Grant Date	Box 4: Fair Market Value per Share on Exercise Date	Box 5: Exercise price paid per share	Box 6: No. of shares transferred	Box 7: Date legal title transferred	Box 8: Exercise Price per Share Determined as if the Option Was Exercised on the Date Shown in Box 1
188360730	01/03/2023	06/30/2023	\$47.9400	\$51.7400	\$40.7490	77.0000	06/30/2023	\$40.7490
190916642	01/03/2023	12/29/2023	\$47.9400	\$50.5200	\$40.7490	88.0000	12/29/2023	\$40.7490

This is important tax information and is being furnished to the Internal Revenue Service.

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 For questions please contact Charles Schwab's Stock Plan Services at: 1-800-654-2593.
 To view your documents online go to: www.schwab.com/eac_TaxForms

Schwab's Stock Plan Services has prepared this form on your employer's behalf with information provided solely by your employer and/or its transfer agent.

016243 1/1

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0040

Official Business
Penalty for Private Use, \$300

FIRST-CLASS MAIL
PRESORTED
U.S. POSTAGE PAID
SACRAMENTO, CA
PERMIT NO. 312

2808422-T3333-G

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

For Addressee Only


SINDHU PRIY VEMULA & SAIKUMAR KESANA
25623 BURBAGE CIR
CARY, NC 27519-7041

Report of State Income Tax Refund
From the California Franchise Tax Board

Copy B - For Recipient

STATE OF CALIFORNIA FRANCHISE TAX BOARD PO BOX 942840 SACRAMENTO CA 94240-0040	RECIPIENT'S TIN XXX-XX-4758	2 State or local income tax refunds, credits, or offsets \$519.00	OMB No. 1545-0120 2023 FORM 1099-G
PAYER'S TIN 68-0204061	3. Tax year 2022		

RECIPIENT'S Name

SINDHU PRIY VEMULA & SAIKUMAR KESANA

IMPORTANT TAX DOCUMENT
THIS FORM IS FOR YOUR RECORDS - DO NOT ATTACH WITH YOUR TAX RETURN

INSTRUCTIONS FOR RECIPIENT

Box 2. Shows refunds, credits, or offsets of state or local income tax you received. It may be taxable to you if you deducted the state or local income tax paid on Schedule A (Form 1040). Even if you did not receive the amount shown, for example, because (a) it was credited to your state or local estimated tax, (b) it was offset against federal or state debts, (c) it was offset against other offsets, or (d) you made a charitable contribution from your refund, it is still taxable if it was deducted. If you received interest on this amount, you may receive Form 1099-INT for the interest. See your tax return instructions.

Box 3. Identifies the tax year for which the box 2 refunds, credits, or offsets shown were made. If there is no entry in this box, the refund is for the 2022 tax year.

NOTE: THIS IS IMPORTANT TAX INFORMATION AND 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 THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

For information on how to report the refund amount shown, please refer to the instructions in your state and federal tax booklets when filing your tax return. For information about this notice, call us at one of the following appropriate phone numbers:

Phone: 800.852.5711 from within the United States
916.845.6500 from outside the United States
California Relay Service: 711 or 800.735.2929 for persons with hearing or speaking limitations

Employer-provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

Part I Employee

Applicable Large Employer Member (Employer)

1 Name of employee (first name, middle initial, last name) SINDHU PRIYA P VEMULA		2 Social security number (SSN) XXX-XX-4758	7 Name of employer CISCO SYSTEMS, INC.		8 Employer identification number (EIN) 77-0059951
3 Street address (including apartment no.) 25623 BURBAGE CIRCLE			9 Street address (including room or suite no.) 170 WEST TASMAN DR.		10 Contact telephone number 8553144222
4 City or town CARY	5 State or province NC	6 Country and ZIP or foreign postal code US 27519	11 City or town SAN JOSE	12 State or province CA	13 Country and ZIP or foreign postal code US 95134

Part II Employee Offer of Coverage

Employee's Age on January 1:

Plan Start Month (enter 2-digit number): **01**

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	15 Employee Required Contribution (see instructions)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												
17 ZIP Code													

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

	(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	June	July	Aug	Sept	Oct	Nov	Dec		
18	SINDHU PRIYA P VEMULA	XXX-XX-4758		X														
19	SAIKUMAR	KESANA	05-09-1988	X														
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		

Instructions for Recipient

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1a. Shows total ordinary dividends that are taxable. Include this amount on the "Ordinary dividends" line of Form 1040 or 1040-SR. Also report it on Schedule B (Form 1040), if required.

Box 1b. Shows the portion of the amount in box 1a that may be eligible for reduced capital gains rates. See the Instructions for Form 1040 for how to determine this amount and where to report.

The amount shown may be dividends a corporation paid directly to you as a participant (or beneficiary of a participant) in an employee stock ownership plan (ESOP). Report it as a dividend on your Form 1040 or 1040-SR but treat it as a plan distribution, not as investment income, for any other purpose.

Box 2a. Shows total capital gain distributions from a regulated investment company (RIC) or real estate investment trust (REIT). See *How To Report* in the Instructions for Schedule D (Form 1040). But, if no amount is shown in boxes 2b, 2c, 2d, and 2f and your only capital gains and losses are capital gain distributions, you may be able to report the amounts shown in box 2a on your Form 1040 or 1040-SR rather than Schedule D. See the Instructions for Form 1040.

Box 2b. Shows the portion of the amount in box 2a that is unrecaptured section 1250 gain from certain depreciable real property. See the Unrecaptured Section 1250 Gain Worksheet in the Instructions for Schedule D (Form 1040).

Box 2c. Shows the portion of the amount in box 2a that is section 1202 gain from certain small business stock that may be subject to an exclusion. See the Schedule D (Form 1040) instructions.

Box 2d. Shows the portion of the amount in box 2a that is 28% rate gain from sales or exchanges of collectibles. If required, use this amount when completing the 28% Rate Gain Worksheet in the Instructions for Schedule D (Form 1040).

Box 2e. Shows the portion of the amount in box 1a that is section 897 gain attributable to disposition of U.S. real property interests (USRPI).

Box 2f. Shows the portion of the amount in box 2a that is section 897 gain attributable to disposition of USRPI.

Note: Boxes 2e and 2f apply only to foreign persons and entities whose income maintains its character when passed through or distributed to its direct or

indirect foreign owners or beneficiaries. It is generally treated as effectively connected to a trade or business within the United States. See the instructions for your tax return.

Box 3. Shows a return of capital. To the extent of your cost (or other basis) in the stock, the distribution reduces your basis and is not taxable. Any amount received in excess of your basis is taxable to you as capital gain. See Pub. 550.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9 for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5. Shows the portion of the amount in box 1a that may be eligible for the 20% qualified business income deduction under section 199A. See the instructions for Form 8995 and Form 8995-A.

Box 6. Shows your share of expenses of a nonpublicly offered RIC, generally a nonpublicly offered mutual fund. This amount is included in box 1a.

Box 7. Shows the foreign tax that you may be able to claim as a deduction or a credit on Form 1040 or 1040-SR. See the Instructions for Form 1040.

Box 8. This box should be left blank if a RIC reported the foreign tax shown in box 7.

Boxes 9 and 10. Show cash and noncash liquidation distributions.

Box 11. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its account reporting requirement under chapter 4 of the Internal Revenue Code. You may also have a filing requirement. See the Instructions for Form 8938.

Box 12. Shows exempt-interest dividends from a mutual fund or other RIC paid to you during the calendar year. See the Instructions for Form 1040 for where to report. This amount may be subject to backup withholding. See *Box 4* above.

Box 13. Shows exempt-interest dividends subject to the alternative minimum tax. This amount is included in box 12. See the Instructions for Form 6251.

Boxes 14-16. State income tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-DIV (with a Form 1096) with the IRS for each of the other owners to show their share of the income, and you must furnish a Form 1099-DIV to each. A spouse is not required to file a nominee return to show amounts owned by the other spouse. See the current General Instructions for Certain Information Returns.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CHARLES SCHWAB & CO., INC STOCK PLAN SVCS 9875 SCHWAB WAY LONETREE, CO 80124		1a Total ordinary dividends \$ 60.06	OMB No. 1545-0110 2023		Dividends and Distributions
telephone number: (800) 654-2593		1b Qualified dividends \$ 60.06	Form 1099-DIV		
PAYER'S TIN 94-1737782	RECIPIENT'S TIN XXX-XX-4758	2a Total capital gain distr. \$	2b Unrecap. Sec. 1250 gain \$		Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name, Street address (including apt. no.), City or town, state or province, country, and ZIP or foreign postal code SINDHU PRIYA VEMULA 25623 BURBAGE CIRCLE CARY, NC 27519		2c Section 1202 gain \$	2d Collectibles (28%) gain \$		
Account number (see instructions) 106424802		2e Section 897 ordinary dividends \$	2f Section 897 capital gain \$		
11 FATCA filing requirement <input type="checkbox"/>		3 Nondividend distributions \$	4 Federal income tax withheld \$ 7.21		
		5 Section 199A dividends \$	6 Investment expenses \$		
		7 Foreign tax paid \$	8 Foreign country or U.S. possession		
		9 Cash liquidation distributions \$	10 Noncash liquidation distributions \$		
		12 Exempt-interest dividends \$	13 Specified private activity bond interest dividends \$		
		14 State	15 State identification no.	16 State tax withheld \$	
				\$	