2023 W-2 and EARNINGS SUMMARY

Employee Reference Сору Wage and Tax Statement Copy C for employee's records Control number Dept. Corp. Employer use only 20F 001118 SANF/AFI c Employer's name, address, and ZIP code

TSMC TECHNOLOGY INC 2851 JUNCTION AVE SAN JOSE CA 95134

Batch #01626

e/f Employee's name, address, and ZIP code

SOWJANYA VARIKUNTA 5905 ALAMOSA CLEARING DR **AUSTIN TX 78738**

a Employee's SSA number
XXX-XX-1501
2 Federal income tax withheld
36072.43
4 Social security tax withheld
9932.40
6 Medicare tax withheld
3973.62
8 Allocated tips
0 Dependent care benefits
2a See instructions for box 12
12b D 11061.46
2c DD 19812,20
2d
13 Stat emp Ret. plan 3rd party sick pay
16 State wages, tips, etc.
18 Local wages, tips, etc.
20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	TX. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	246,284.63	246,284.63	246,284.63	
Plus GTL (C-Box 12)	301.35	301.35	301.35	
Less 401(k) (D-Box 12)	11,061.46	N/A	N/A	
Less Other Cafe 125	900.00	900.00	900.00	
Wages Over Limit	N/A	85,485.98	N/A	
Reported W-2 Wages	234,624.52	160,200.00	245,685.98	

2. Employee Name and Address.

SOWJANYA VARIKUNTA 5905 ALAMOSA CLEARING DR AUSTIN TX 78738

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1	Wages, tips, other 2346	comp. 324.52	2 Federal income tax withheld 36072.43			
3	Social security wag 1602	jes 200.00	4 Social security tax withheld 9932.40			
5	Medicare wages an 2456	d tips 85.98	6 Medica	are tax withheld 3973.62		
d	d Control number Dep		Corp.	Employer use only		
001118 SANF/AFI 20F			Α			
s Employer's name address and 7ID code						

Employer's name, address, and ZIP code

TSMC TECHNOLOGY INC 2851 JUNCTION AVE SAN JOSE CA 95134

b	Employer's FED ID number 77-0434547	a Em		yee's SS XXX-X	A number X-1501	
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans		e ii C	nstructio	ns for box 12 301.35	
14	Other	^{12b}	DΪ	1	1061.46	
		^{12c} D	D	1	19812.20	
		12d	Ī			
		13 Stat	emp	Ret. plan	3rd party sick pay	
e/1	Employee's name, address a	nd ZIP c	od	e		

SOWJANYA VARIKUNTA 5905 ALAMOSA CLEARING DR **AUSTIN TX 78738**

- 1					
		State X	Employer's state ID no	16 Sta	te wages, tips, etc.
	17	State	income tax	18 Loc	cal wages, tips, etc.
	19	Local	income tax	20 Loc	ality name
Γ			Federal Fil	ing	Сору

Wage and Statement

1 Wages, tips, other co		2 Federa	al income tax withheld 36072.43
3 Social security wage 16020	s 00.00	4 Social	security tax withheld 9932.40
5 Medicare wages and 24568	tips 5.98	6 Medica	are tax withheld 3973,62
d Control number	Dept.	Corp.	Employer use only
001118 SANF/AFI	20F		A

Employer's name, address, and ZIP code

TSMC TECHNOLOGY INC 2851 JUNCTION AVE SAN JOSE CA 95134

b	Employer's FED ID number 77-0434547	аЕ		yee's SS XXX-X	A number K-1501
7	Social security tips	8 A	Allocat	ted tips	
9		10 C	epen	dent care	benefits
11	Nonqualified plans	12a	С		301.35
14	Other	12b	Di	1	1061.46
		12c	DD	1	9812.20
		12d	ĺ		
		13 S	tat emp	Ret. plan	3rd party sick pay

e/f Employee's name, address and ZIP code

SOWJANYA VARIKUNTA 5905 ALAMOSA CLEARING DR **AUSTIN TX 78738**

15 State	Employer's state	ID no. 16 State wages, tips, etc.	
17 State	income tax	18 Local wages, tips, etc.	
19 Local	income tax	20 Locality name	
	TX.State	Reference Copy	

Wage and Tax Statement

1	1 Wages, tips, other comp.			Federa	I income tax withhel
234624.52					36072.4
3	3 Social security wages 160200.00			Social	security tax withhel
5	5 Medicare wages and tips 245685.98			Medica	are tax withheld 3973.62
d	Control number	Dept.		Corp.	Employer use on
00	1118 SANF/AFI	20F	l		Α

c Employer's name, address, and ZIP code

TSMC TECHNOLOGY INC 2851 JUNCTION AVE SAN JOSE CA 95134

b	Employer's FED ID number 77-0434547	a Empl		ee's SS/ XX-XX	\ number (-1501
7	Social security tips	8 Alloc	ate	d tips	
9		10 Deper	nde	ent care	benefits
11	Nonqualified plans	^{12a} C	ı		301.35
14	Other	^{12b} D		1	1061.46
		12c DD	Ī	1	9812.20
		12d	İ		
		13 Stat er	mp.	Ret. plan	3rd party sic
e/f	Employee's name address a	nd ZIP co	da		

SOWJANYA VARIKUNTA 5905 ALAMOSA CLEARING DR **AUSTIN TX 78738**

15 State TX	Employer's sta	te ID no. 16	State wages, tips, etc.
17 State	income tax	18	Local wages, tips, etc.
19 Local	income tax	20) Locality name
	TV 01 1		^

TX.State Filing Copy Wage and

Statement Copy 2 to be filed with employee's State Income Tax

Instructions for Employee

- $\ensuremath{\mathbf{Box}}$ 1. Enter this amount on the wages line of your tax return.
- **Box 2.** Enter this amount on the federal income tax withheld line of your tax return.
- **Box 5.** You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.
- **Box 6.** This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.
- **Box 8.** This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filling Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$22,500 (\$15,500 if you only have SIMPLE plans; \$25,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$22,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to \$7,500 (\$3,500 for section 401(k) (11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

 $\textbf{J--} Nontaxable \ sick \ pay \ (information \ only, \ not \ included \ in \ box \ 1, \ 3, \ or \ 5)$

 $\mbox{K}{-}20\%$ excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of groupterm life insurance over \$50,000 (former employees only). See the Form 1040 instructions

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 52 for reporting requirements.

W—Employer contributions (including amounts the employee elected contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensati plan

Z—Income under a nonqualified deferred compensation plan that fail satisfy section 409A. This amount is also included in box 1. It is subjet o an additional 20% tax plus interest. See the Form 1040 instruction.

AA-Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

EE—Designated Roth contributions under a governmental section 45 plan. This amount does not apply to contributions under a tax-exemp organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

 $\mbox{HH}\mbox{--}\mbox{Aggregate}$ deferrals under section 83(i) elections as of the close the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may at to the amount of traditional IRA contributions you may deduct. See P 590-A.

Box 14. Employers may use this box to report information such as st disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, education: assistance payments, or a member of the clergy's parsonage allowar and utilities. Railroad employers use this box to report railroad retiren (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additi Medicare Tax. Include tips reported by the employee to the employer railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due da for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social secubenefits, just in case there is a question about your work record and/learnings in a particular year.

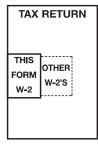
Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2023 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2023 or if income is earned for services provided while you were an inmate at a penal institution.

For 2023 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct be aren't the same as shown on your social security card, yo should ask for a new card that displays your correct nam at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsore health coverage is for your information only.

The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2023 and more than \$9,932.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,821.20 in Tier 2 RRTA tax w. withheld, you may be able to claim a refund on Form 843 See the Instructions for Form 843.

Department of the Treasury - Internal Revenue Service