2023 W-2 and EARNINGS SUMMARY

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY	66,827.10	SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2	4,123.34
FED. INCOME TAX WITHHELD BOX 02 OF W-2	10,931.55	MEDICARE TAX WITHHELD BOX 06 OF W-2	964.33
STATE INCOME TAX BOX 17 OF W-2	2,353.00	SUI/SDI BOX 14 OF W-2	0.00
LOCAL INCOME TAX BOX 19 OF W-2	0.00		

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

Social Security Number: XXX-XX-0635

VAMSI KRISHNA LANKA 4830 BROOMFIELD WAY LAKE ORION, MI 48359

¤© 2023 ADP, Inc.

PAGE 01 OF 02

1 Wages, tips, other comp. 62003.17	2 Federal income tax withheld 10931.55	1 Wages, tips, other comp. 62003.17	2 Federal income tax withheld 10931.55	1 Wages, tips, other comp. 62003.17	2 Federal income tax withheld 10931.55	
3 Social security wages 66505.56	4 Social security tax withheld 4123.34	3 Social security wages 66505.56	4 Social security tax withheld 4123.34	³ Social security wages 66505.56	4 Social security tax withheld 4123.34	
5 Medicare wages and tips 66505.56	6 Medicare tax withheld 964.33	5 Medicare wages and tips 66505.56	6 Medicare tax withheld 964.33	5 Medicare wages and tips 66505.56	6 Medicare tax withheld 964.33	
d Control number Dept. 0000008330 NR5	Corp. Employer use only YASB 7166	d Control number Dept. 0000008330 NR5	Corp. Employer use only YASB 7166	d Control number Dept. 0000008330 NR5	Corp. Employer use only 7166	
 C Employer's name, address, NXP USA INC 6501 W WILLIAM C, AUSTIN, TX 78735 	ANNON DR	c Employer's name, address, a NXP USA INC 6501 W WILLIAM CA AUSTIN, TX 78735		c Employer's name, address, a NXP USA INC 6501 W WILLIAM CAN AUSTIN, TX 78735		
b Employer's FED ID number 20-0443182	a Employee's SSA number XXX-XX-0635	b Employer's FED ID number 20-0443182	a Employee's SSA number XXX-XX-0635	b Employer's FED ID number 20-0443182	a Employee's SSA number XXX-XX-0635	
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	9	10 Dependent care benefits	9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 C 44.72	11 Nonqualified plans	12a C 44.72	11 Nonqualified plans	^{12a} C 44.72	
14 Other	12b D 4502.39 12c L 2265.99 12d W 316.67 13 Stat emp. Ret. plan 3rd party sick pay	14 Other	12b 4502.39 12c 2265.99 12d 316.67 13 Stat emp Ret. plan 3rd party sick pay	14 Other	12b D 4502.39 12c L 2265.99 12d W 316.67 13 Stat emp. Ret. plan 3rd party sick pay	
e/f Employee's name, address		e/f Employee's name, address a		e/f Employee's name, address a		
VAMSI KRISHNA LANKA 4830 BROOMFIELD WAY LAKE ORION, MI 48359		VAMSI KRISHNA LAI 4830 BROOMFIELD V LAKE ORION, MI 4	NAY	VAMSI KRISHNA LANKA 4830 BROOMFIELD WAY LAKE ORION, MI 48359		
15 State Employer's state ID n MI 20-0443182	e Employer's state ID no. 16 State wages, tips, etc. 20-0443182 15 State Employer's state ID no. 16 State wages, tips, etc. MI 20-0443182 62003.17			15 State Employer's state ID no MI 20-0443182	.16 State wages, tips, etc. 62003.17	
17 State income tax 2353.00	18 Local wages, tips, etc.	17 State income tax 2353.00	18 Local wages, tips, etc.	17 State income tax 2353.00	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	19 Local income tax	20 Locality name	19 Local income tax	20 Locality name	
Federal Filing	.,	MI. State Filin		City or Local	Filing Copy	
W-2 Wage Statem	OMB No. 1545-0008	W-2 Wage Statem	nent 2025	W-2 Wage a Stateme	ent ZUZ3 OMB No. 1545-0008	

	Employee	Re	feren	се	Сору		
\A/ 4	n w	age a	nd	Tax	ົ່ງດາງ		
VV-		Stateme	ent		ZUZJ		
	employee's reco				OMB No. 1545-0008		
00000083		Dept.	1	orp.	Employer use only		
			YA		7166		
•	oyer's name, a	address, a	Ind ZI	Рсо	de		
NXP USA INC 6501 W WILLIAM CANNON DR							
			NNC)N	DR		
AUS	ΓΙΝ, ΤΧ	/8/35					
e/f Emplo	yee's name, a	ddress, a	nd Zl	Рсо	de		
VAM	SI KRISHI		ΙΚΔ				
	BROOMF						
	E ORION,		8359				
		1411 - T	5555				
	yer's FED ID 1 20-044318	2	аE	mplo	oyee's SSA number XXX-XX-0635		
1 Wages	s, tips, other o	omp.	2 F	eder	al income tax withheld		
	6200)3.17			10931.55		
3 Social security wages 4 Social security tax withheld							
66505.56				4123.34			
5 Medicare wages and tips				6 Medicare tax withheld			
66505.56			964.33				
7 Social security tips			8 Allocated tips				
9			10 D	eper	ndent care benefits		
11 Nonqualified plans			12a S	ee ins	structions for box 12		
			12b	Б ¦	44.72 4502.39		
14 Other			120 12c	_	2265.99		
			12d	wi	316.67		
			13 Si	at en	np. Ret. plan 3rd party sick pay		
15 State	Employer's s	tate ID no	16 S	tate	wages, tips, etc.		
MI	20-0443182				62003.17		
17 State i	ncome tax		18 L	ocal	wages, tips, etc.		
		53.00					

20 Locality name

19 Local income tax

		Employee	Ref	eren	се	Cop	у	
1	AJ 4	n W	age a	nd	Тах	20	ירו	2
	N-		Stateme	nt		Z	JZ	5
d		employee's reco	Dept.	Co	rp.	OMB Employ	No. 154	15-0008 only
00		30 NR5	Dopt.	YAS		2	,	7167
с	Empl	over's name, a	address, a			e		
	NXP	USA INC	,					
		W WILLI	AM CA	NNO	ND	R		
	AUS	TIN, TX	78735					
e/f	Emple	oyee's name, a	address, a	nd ZIF	o cod	e		
		SI KRISHI						
		BROOMF						
	LAKI	E ORION,	MI 48	359				
b	Emplo	ver's FED ID 1 20-044318		a Ei	mploy	/ee's SS/ XXX->	A numb	per 35
1	Wage	s, tips, other of		2 Fe	dera	income		
	-		-					
3	Socia	l security wag	es	4 S	ocial	security	tax witl	hheld
-	Madia		ط خا س م	<u> </u>	-		دله له ما ما	
5	Medic	are wages and	a tips	6 M	edica	re tax wi	tnneia	
7	Social	security tips		8 A	locat	ed tips		
1.217								
9				10 De	epend	lent care	benefi	ts
11	Nonai	alified plans		12a Se	e instr	uctions fo	r box 12	
				12b	DD		222	2.62
14	Other			120 12c				
				12d		r		
				13 Sta	at emp	Ret. plan	3rd party	y sick pay
15	State	Employer's s	tate ID no	16 St	ate w	ages, tip	s, etc.	
17	State	income tax		18 Lc	ocal w	ages, tip	os, etc.	
19	Local	income tax		2010	ncality	y name		
	_00ai	tux		20 -0	Joant	name		

2023 W-2 and EARNINGS SUMMARY

ADDITIONAL W-2 FOR BOX 12 OR 14 OVERFLOW

VAMSI KRISHNA LANKA 4830 BROOMFIELD WAY LAKE ORION, MI 48359 Social Security Number: XXX-XX-0635

¤© 2023 ADP, Inc.

PAGE 02 OF 02

1 Wages, tips, other comp.	2 Federal income tax withheld	1 Wages, tips, other comp.	Wages, tips, other comp. 2 Federal income tax withheld		2 Federal income tax withheld	
3 Social security wages	4 Social security tax withheld	3 Social security wages	4 Social security tax withheld	3 Social security wages	4 Social security tax withheld	
5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips	6 Medicare tax withheld	
d Control number Dept. 0000008330 NR5	Corp. Employer use only YASB 7167	d Control number Dept. 0000008330 NR5	Corp. Employer use only YASB 7167	d Control number Dept. 0000008330 NR5	Corp. Employer use only YASB 7167	
c Employer's name, address, NXP USA INC 6501 W WILLIAM CA AUSTIN, TX 78735		c Employer's name, address, a NXP USA INC 6501 W WILLIAM CA AUSTIN, TX 78735	ANNON DR	 Employer's name, address, a NXP USA INC 6501 W WILLIAM CAI AUSTIN, TX 78735 		
b Employer's FED ID number 20-0443182	a Employee's SSA number XXX-XX-0635	b Employer's FED ID number 20-0443182			a Employee's SSA number XXX-XX-0635	
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	7 Social security tips	2 XXX-XX-0635 8 Allocated tips	
9	10 Dependent care benefits	9	10 Dependent care benefits	9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 DD 2222.62	11 Nonqualified plans	12a DD 2222.62	11 Nonqualified plans	12a DD 2222.62	
14 Other	12b 12c 12d 13 Stat emp Ret. plan 3rd party sick pay	14 Other	12b 12b 12c 12b 12d 12b 13 Stat emp. Ret. plan 3rd party sick pay	14 Other	12b 12b 12c 12d 12d 13 Stat emp. Ret. plan	
e/f Employee's name, address a VAMSI KRISHNA LAI 4830 BROOMFIELD V LAKE ORION, MI 4	NKA VAY	e/f Employee's name, address a VAMSI KRISHNA LA 4830 BROOMFIELD LAKE ORION, MI	NKA WAY	e/f Employee's name, address a VAMSI KRISHNA LAN 4830 BROOMFIELD W LAKE ORION, MI 48	NKA VAY	
15 State Employer's state ID no	0. 16 State wages, tips, etc.	15 State Employer's state ID no	o. 16 State wages, tips, etc.	15 State Employer's state ID no	o. 16 State wages, tips, etc.	
17 State income tax	18 Local wages, tips, etc.	17 State income tax 18 Local wages, tips, etc.		17 State income tax	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	19 Local income tax 20 Locality name		19 Local income tax	20 Locality name	
Federal Filing	Сору	. State Filing	д Сору	City or Local	Filing Copy	
W-2 Copy B to be filed with employee's Fee	OMB No 1545-0008	Wage Staten Copy 2 to be filed with employee's St	OMB No. 1545-0008	W-2 Wage a Statem	OMB No 1545-0008	

Instructions for Employee

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 filing 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.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5) 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. P—Excludable moving expense reimbursements paid directly to a

member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

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. 525 for reporting requirements.

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

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

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

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 457(b) plan. This amount does not apply to contributions under a tax-exempt 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)

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

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

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

Department of the Treasury - Internal Revenue Service

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 but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name 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-sponsored 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 was 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 Department

Department of the Treasury - Internal Revenue Service