Copy B—To Be Filed With Employee's FEDERAL Tax Return.			OMB	No. 1545-0008	
a Employee's soc. sec.	no. 1 \	Wages, tips	, other comp.	2 Federal i	ncome tax withhel
440-45-0469		1	22436.18		22216.37
b Employer ID number (EIN)		Social secu	rity wages	4 Social se	curity tax withheld
47-3556480		Medicare w	ages and tips	6 Medicare	tax withheld
c Employer's name, add Rivian Autor				200	
14600 Myford	d Road				
Irvine, CA	92606				
d Control number					
Rivian Aut e Employee's name, ac	idress and	7IP code			
Kunal Kshir		Zii Code			
4 Toscany					
Irvine, CA	92614				
		Allocated tip	ps	9	
7 Social security tips	8	Allocated tip			See inst. for box 12
7 Social security tips 0 Dependent care bene	6 efits 11 14 Other	Nonqualifie	d plans	12a Code S C 12b Code	
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7 Social security tips 0 Dependent care bene	efits 11 14 Other CASI	Nonqualifie	1107.00 1428.49	12a Code S C 12b Code	750.10
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Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			OMB N	lo. 1545-0008
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47-3556480	5 M	edicare wages and tips	6 Medicare tax withheld	
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4 Toscany Irvine, CA 7 Social security tips 10 Dependent care bene	92 61 4 8 All efits 11 No	onqualified plans	12a Code C 12b Code	
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a Employee's soc. sec. no.	the back of Copy B.) 1 Wages, tips, other comp.	2 Federal income tax withheld
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47-3556480	5 Medicare v	vages and tips	6 Medicare t	tax withheld
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e Employee's name, add Kunal Kshirs	lress, and ZIP code			
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1 Wages, tips, other comp.

OMB No. 1545-0008

2 Federal income tax withheld

Copy 2—To Be Filed With Employee's State,
City, or Local Income Tax Return
a Employee's soc. sec. no. 1 Wages, tips, other comp

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FEDERAL Tax Return.	OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withhele
440-45-0469	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)	100	
47-3556480	5 Medicare wages and tips	6 Medicare tax withheld
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Irvine, CA 9260	06	
d Control number		With Touchers
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e Employee's name, address, Kunal Kshirsag		
4 Toscany		
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Irvine, CA 926 7 Social security tips 0 Dependent care benefits 3 Statutory employee 14 Or Retirement plan X Third-party sick pay MI 47-3556480	8 Allocated tips 11 Nonqualified plans ther	12a Code See inst. for box 12 12b Code 12c Code 12d Code
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Notice to Employee on t	EE'S RECORDS (See the back of Copy B.)	OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
440-45-0469	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)		
47-3556480	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address Rivian Au 14600 Myf	tomotive, LLC ord Road	
d Control number Rivian Aut		-
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Copy 2—To Be Filed W City, or Local Income	/ith Employee's State, Tax Return	OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
440-45-0469	3 Social security wages	4 Social security tax withheld	
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