Employee R
Wage
State

ee Reference Wage and Tax Statement Copy
2023
OMB No. 1545-0008

 Copy C for employee's records.

 d Control number
 Dept.

 012748
 SANF/VQP
 007200

Employer use only A 134

Employer's name, address, and ZIP code

NIO USA INC 3151 ZANKER ROAD SAN JOSE CA 95134

Batch #02577

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

VENKATESH MYNENI 39499 GALLAUDET DR APT 253

FREMONT CA 94538	
b Employer's FED ID number 47-4596669	a Employee's SSA number XXX-XX-0029
1 Wages, tips, other comp.	2 Federal income tax withheld
171944.14	31204.93
3 Social security wages	4 Social security tax withheld
160200.00	9932.40
5 Medicare wages and tips	6 Medicare tax withheld
193872.94	2811.16
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 314.05
1	
14 Other	12b D 21928.80
14 Other	12b D 21928.80 12c V 4469.68
	12b D 21928.80 12c V 4469.68 12d W 6330.00
1378.48 SDI	12b D 21928.80 12c V 4469.68 12d W 6330.00
1378.48 SDI	12b   D   21928.80   12c   V   4469.68   12d   W   6330.00   13   Stat emp   Ret. plan   3rd party sick pay
1378.48 SDI 4469.68 OTHR	12b   D   21928.80   12c   V   4469.68   12d   W   6330.00   13   Stat emp   Ret. plan   3rd party sick pay
1378.48 SDI 4469.68 OTHR  15 State Employer's state ID no CA 052-7396 6  17 State income tax	12b D   21928.80   12c V   4469.68   12d W   6330.00   13 Stat emp   Ret. plan   3rd party sick pay
1378.48 SDI 4469.68 OTHR 15 State Employer's state ID no CA 052-7396 6	12b   D   21928.80   12c   V   4469.68   12d   W   6330.00   13   Statemp   Ret. plan   3rd party sick pay   16   State   wages, tips, etc.   178274.14

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	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	202,076.00	202,076.00	202,076.00	202,076.00
Plus GTL (C-Box 12)	314.05	314.05	314.05	314.05
Less 401(k) (D-Box 12)	21,928.80	N/A	N/A	21,928.80
Less Other Cafe 125	3,627.11	3,627.11	3,627.11	3,627.11
Less Cafe 125 HSA (W-Box 12)	4,890.00	4,890.00	4,890.00	N/A
Plus ER PAID HSA (W-Box 12)	N/A	N/A	N/A	1,440.00
Wages Over Limit Reported W-2 Wages	N/A <b>171,944.14</b>	33,672.94 <b>160,200.00</b>	N/A <b>193,872.94</b>	N/A <b>178,274.14</b>

2. Employee Name and Address.

VENKATESH MYNENI 39499 GALLAUDET DR APT 253 FREMONT CA 94538

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1	Wages, tips, other of 1719	2 Federal income tax withheld 31204.93					
3	Social security wag 1602	es 00.00	4 Social	security tax	withheld 932.40		
5	Medicare wages and 1938	6 Medica	are tax withh	eld 811.16			
d	Control number	Dept.	Corp.	. Employer use on			
01	2748 SANF/VQP	007200		Α	134		

Employer's name, address, and ZIP code

NIO USA INC 3151 ZANKER ROAD SAN JOSE CA 95134

b	Employer's FED ID number 47-4596669	a Employee's SSA number XXX-XX-0029						
7	Social security tips	8 A	8 Allocated tips					
9		10 Dependent care benefits						
11	Nonqualified plans	12a \$	See	instructions for box 12 314.05				
14	Other	12a See C	21928.80					
	1378.48 SDI	12c	٧	4469.68				
	4469.68 OTHR	12d	W	6330.00				
		<b>13</b> St	at em	np. Ret. plan 3rd party sick pay				

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

39499 GALLAUDET DR APT 253

FREMONT CA 94538

15 State Employer's state ID no 46 State w

 15 State CA
 Employer's state ID no. 16 State wages, tips, etc. 178274.14

 17 State income tax 14102.17
 18 Local wages, tips, etc. 18 Local wages, tips, etc. 20 Locality name

Federal Filing Copy

W-2 Wage and Tax 2023
Statement OMB No. 1545-000
Copy B to be filed with employee's Federal Income Tax Return.

1	Wages, tips, other comp. 171944.14			2 Federal income tax withheld 31204.93					
3	Socia	l security wag 1602	es 00.00	4 Social security tax withheld 9932.40			9932.40		
5	5 Medicare wages and tips 193872.94			6	Medica	are tax witl	nheld 2811.16		
d	Contro	ol number	Dept.		Corp.	orp. Employer use only			
01	2748	SANF/VQP	007200			Α	134		

c Employer's name, address, and ZIP code

NIO USA INC 3151 ZANKER ROAD SAN JOSE CA 95134

b	Employer's FED ID number 47-4596669	аЕ	a Employee's SSA number XXX-XX-0029					
7	Social security tips	8 A	8 Allocated tips					
9		10 D	10 Dependent care benefits					
11	Nonqualified plans	12a	C	314.05				
14	Other	12b	D	21928.80				
	1378.48 CA SDI	12c	V	4469.68				
	4469.68 OTHR	12d	W	6330.00				
		13 St	at emp	p. Ret. plan 3rd party sick pay				

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

VENKATESH MYNENI 39499 GALLAUDET DR APT 253 FREMONT CA 94538

15 State	Employer's state ID no. <b>052-7396</b> 6	16 State wages, tips, etc. 178274.14					
17 State	income tax 14102.17	18 Local wages, tips, etc.					
19 Local	income tax	20 Locality name					
CA State Reference Copy							

W-2 Wage and Tax 2023
Statement OMB No. 1545Copy 2 to be filed with employee's State Income Tax Return.

1	Wages, tips, other comp. 171944.14			2 Federal income tax withheld 31204.93					
3	Social security wages 160200.00			4 Social security tax withheld 9932.40					
5	Medicare wages and tips 193872.94			Medica	re tax with	held 2811.16			
d (	Control number	Dept.		Corp.	Employ	er use only			
012	748 SANF/VQP	007200			A 134				

c Employer's name, address, and ZIP code

NIO USA INC 3151 ZANKER ROAD SAN JOSE CA 95134

b	Employer's FED ID number 47-4596669	a Employee's SSA number XXX-XX-0029					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a	С	314.05			
14	Other	12b	D	21928.80			
	1378.48 CA SDI	12c	٧	4469.68			
	4469.68 OTHR	12d	W	6330.00			
		<b>13</b> S	tat en	mp. Ret. plan 3rd party sick pay			

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

VENKATESH MYNENI 39499 GALLAUDET DR APT 253 FREMONT CA 94538

15 State Employer's state ID no. CA 052-7396 6	16 State wages, tips, etc. 178274.14
17 State income tax	18 Local wages, tips, etc.
14102.17	
19 Local income tax	20 Locality name
	-

CA.State Filing Copy

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

Employee	Refe	erence	Copy						
W-2 Copy C for employee's recor	202 OMB No.	<b>23</b> <sub>1545-0008</sub>							
I Control number	Dept.	Corp.	Employer	use only					
)12748 SANF/VQP	007200		Α	135					
Employer's name, address, and ZIP code NIO USA INC									

3151 ZANKER ROAD SAN JOSE CA 95134

Batch #02577

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

**VENKATESH MYNENI** 39499 GALLAUDET DR **APT 253** 

FREMONT CA 94538

F	KEIVI	ONI	JA 94	4538										
b	•	yer's FEI 47-459	96669		а	E	mpl		ee's : XX-					
1	Wage	s, tips, ot	ther con	ıp.	2	Fe	eder	al	inco	me	tax	wit	hheld	Ī
3	Socia	security	wages		4 Social security tax withi					nheld				
5	Medic	are wage	s and ti	ps	6	М	edic	ar	e tax	wit	hh	eld		
7	Social	security	tips		8 Allocated tips									
9					10	D	epe	nd	ent c	are	be	nefi	ts	
11	Nonqu	ialified pl	ans		12a		eein AA		uctions	foi		x 12 <b>71.</b>	20	
					12k		66			2		<del>/1/.</del> 38.		_
14	Other				120		טט				17	<del>50.</del>		_
					120	1								_
					13	St	at en	np.	Ret. p	lan	3rd	party	sick	pa
_		Employe 052-73		e ID no	. 16	St	tate	Wa	ages,	tip	s, e	tc.		
17 State income tax		18	Lo	ocal	W	ages,	, tip	s, e	etc.					
19	Local	income t	ax		20	Lo	ocal	ity	nam	е				

#### ADDITIONAL W-2 FOR BOX 12 OR BOX 14 OVERFLOW

VENKATESH MYNENI 39499 GALLAUDET DR APT 253 FREMONT CA 94538

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1 Wages, tips, other comp.		2	Federa	Il income t	ax withheld		
3	Socia	I security wag	es	4	Social	security t	ax withheld
5	Medic	are wages and	d tips	6	Medica	are tax wit	hheld
d	Contr	ol number	Dept.		Corp.	Employ	er use only
01	2748	SANF/VQP	007200			Α	135
c Employer's name, address, and ZIP code							

NIO USA INC 3151 ZANKER ROAD SAN JOSE CA 95134

b	Employer's FED ID number 47-4596669	a Employee's SSA number XXX-XX-0029				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a See instructions for box 12 AA 571.20				
14	Other	<sup>12b</sup> DD <sub> </sub> 21438.77				
		12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				
e/f	e/f Employee's name, address and ZIP code					

VENKATESH MYNENI

39499 GALLAUDET DR **APT 253** FREMONT CA 94538

15 <b>(</b>	State CA	Employer's state ID no 052-7396 6	. 16 <b>St</b> a	ate wages, tips, etc.
17	State	income tax	18 <b>Lo</b>	cal wages, tips, etc.
19	Local	income tax	20 <b>Lo</b>	cality name
		Federal Fil	ing	Сору

Wage and Tax

Statement Copy B to be filed with employee's Federal Income Tax Return

<ul><li>1 Wages, tips, other comp.</li><li>3 Social security wages</li></ul>		2 Federal income tax withheld		
		4 Social security tax withhele		
5 Medicare wages and tips		6 Medica	are tax wit	hheld
d Control number	Dept.	Corp.	Employ	er use only
012748 SANF/VQP 007200			Α	135
c Employer's name, address, and ZIP code				
NIO USA	INC			

3151 ZANKER ROAD SAN JOSE CA 95134

b	Employer's FED ID number 47-4596669	a Emplo	yee's SS	A number <b>X-0029</b>
7	Social security tips	8 Allocated tips		
9		10 Depe	ndent car	e benefits
11	Nonqualified plans	12a AA		571.20
14	Other	12b DD	2	21438.77
		12c		
		12d		
		13 Stat em	p. Ret. plan	3rd party sick pay
e/f	e/f Employee's name, address and ZIP code			

VENKATESH MYNENI 39499 GALLAUDET DR **APT 253** FREMONT CA 94538

CA State	052-7396 6	no. 1	6 State w	ages, tips, etc.	
17 State	income tax	1	8 Local w	ages, tips, etc.	
19 Local	income tax	2	0 Locality	name	
	CA.State	Refe	erence	Сору	

Reference Wage and Tax Statement

1	Wages, tips, other comp.		2 Federal income tax withheld			
3	Social security wages			Social	security ta	x withheld
5	Medicare wages and tips		6	Medica	re tax with	held
d	Control number	Dept.		Corp.	Employe	r use only
01:	2748 SANF/VQP	007200			Α	135
c	Employer's name a	ddress, a	nd	ZIP cod	e	

NIO USA INC 3151 ZANKER ROAD SAN JOSE CA 95134

b	Employer's FED ID number 47-4596669		yee's SS/		
7	Social security tips	8 Allocated tips			
9		10 Depe	ndent care	benefits	
11	Nonqualified plans	12a AA		571.20	
14	Other	12b DD	2	1438.77	
		12c			
		12d			
		13 Stat er	np. Ret. plan	3rd party sick pay	
e/f	/f Employee's name, address and ZIP code				

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

**VENKATESH MYNENI** 39499 GALLAUDET DR **APT 253** FREMONT CA 94538

15 State Emplo <b>CA 052-7</b>	yer's state ID no. 1 <b>396</b> 6	16 State wages, tips, etc.
17 State income	tax 1	18 Local wages, tips, etc.
19 Local income	e tax 2	20 Locality name

CA.State Filing Сору Wage and Tax Statement

### 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, 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.

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.

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Department of the Treasury - Internal Revenue Service

Department of the Treasury - Internal Revenue Service