Form W-2 Wage and Tax Statement 2016

| | Control number 0087 - A8617334 000000001 - Employer's identification number a Employee's social see | | | LOW POWE | c Employer's name, address, and ZIP code LOW POWER COMPANY INC 212 THOMPSON SQ | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | |
|-------------------------------------|--|----------------|-----------------|-------------------------|--|---|--|---------------------|--------------------------------------|---|
| 2 | 7-48787 | 71 | 550-7 | 70-1490 | 1 | VIEW CA 94043 | | 1 Wages | tips, other compensation 29568.00 | 2 Federal income tax withheld |
| emp | utory oloyee | Retire plan | | Third-party sick pay | | | | 3 Social | security wages 29568.00 | 4 Social security tax withheld 1833.22 |
| 12 See | Instrs. for | Box 12 1 | 4 Other ASDI | 266. | | name, address, and ZIP code | | 5 Medic | are wages and tips 29568.00 | 6 Medicare tax withheld 428.74 |
| | | | | | | 212 THOMPSON SQ MOUNTAIN VIEW CA 94043 | | | security tips | 8 Allocated tips |
| | | | | | HOUNTAIN | VIEW CA 94043 | | 10 Deper | ndent care benefits | 11 Nonqualified plans |
| | | | o o | | | | 6 | | ition Code E016-12BC-1F87-9 | 413 |
| 15 State Employer's state ID No. 16 | | | 16 State | wages, tips, etc. | 17 State income tax | 18 Local wages, tips, | etc. | 19 Local income tax | 20 Locality name | |
| CA 067-2080-9 | | | | 29568.00 | | | | | | |

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.

Form W-2 Wage and Tax Statement 2016

Copy B, to be filed with employees FEDERAL tax return

| d Control number | c Employer's name, address, and ZIP code LOW POWER COMPANY INC | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | |
|--|--|--|--|--|--|
| 27-4878771 550-70-1490 | 212 THOMPSON SQ MOUNTAIN VIEW CA 94043 | 1 Wages, tips, other compensation 29568.00 2 Federal income tax withheld | | | |
| 13 Statutory Retirement Third-party employee plan sick pay | | 3 Social security wages 29568.00 4 Social security tax withheld 1833.22 | | | |
| 12 See Instrs. for Box 12 14 Other CASDI 266.12 | | 5 Medicare wages and tips 29568.00 6 Medicare tax withheld 428.74 | | | |
| | 212 THOMPSON SQ | 7 Social security tips 8 Allocated tips | | | |
| | MOUNTAIN VIEW CA 94043 | 10 Dependent care benefits 11 Nonqualified plans | | | |
| | | Verification Code | | | |
| | | E016-12BC-1F87-9413 | | | |
| 15 State Employer's state ID No. 16 State was | es, tips, etc. 17 State income tax 18 Local wages, tips, | etc. 19 Local income tax 20 Locality name | | | |
| CA 067-2080-9 2 | 9568.00 | | | | |

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 fall to report it.

Form W-2 Wage and Tax Statement 2016

Copy 2, to be filed with employees tax return for CA

| d Control number 0087 - A8617334 000000001 - h Employer's identification number a Employee's social securi | LOW POWE | c Employer's name, address, and ZIP code LOW POWER COMPANY INC 212 THOMPSON SQ MOUNTAIN VIEW CA 94043 | | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | |
|--|---|--|-----------------------|----------------------------|---|--|--|--|
| 27-4878771 550-70-149 | 0 MOUNTAIN | | | | , tips, other compensation 29568.00 | 2 Federal income tax withheld | | |
| 13 Statutory Retirement Third-p employee plan sick par | arty / | | | 3 Social | security wages 29568.00 | 4 Social security tax withheld 1833.22 | | |
| 12 See Instrs. for Box 12 14 Other CASDI | 166 12 | e Employee's name, address, and ZIP code ANDREW SHARP | | | are wages and tips 29568.00 | 6 Medicare tax withheld 428.74 | | |
| | 212 THOMPSON SQ MOUNTAIN VIEW CA 94043 | | | 7 Social security tips | | 8 Allocated tips | | |
| | | | | 10 Dependent care benefits | | 11 Nonqualified plans | | |
| | | | | | Verification Code | | | |
| 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 | | |
| CA 067-2080-9 | 29568.00 | | | | | | | |

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Form W-2 Wage and Tax Statement 2016

| Control number | Void X | c Employer's name, address, and ZIP code | | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | |
|--|----------------------|--|-----------------------|---------|--|--------------------------------|--|--|
| Employer's identification number a Employee's social | security number | | | | s, tips, other compensation | 2 Federal income tax withheld | | |
| 3 Statutory Retirement Ti employee plan si | hird-party ck pay | | | 3 Socia | l security wages | 4 Social security tax withheld | | |
| 2 See Instrs. for Box 12 14 Other | | e Employee's name, address, and ZIP code | | 5 Medio | care wages and tips | 6 Medicare tax withheld | | |
| | | | | 7 Socia | l security tips | 8 Allocated tips | | |
| | | | | 10 Depe | ndent care benefits | 11 Nonqualified plans | | |
| | | | | Verific | ation Code | 1 | | |
| 5 State Employer's state ID No. | 16 State wag | es, tips, etc. 17 State income tax | 18 Local wages, tips, | etc. | 19 Local income tax | 20 Locality name | | |
| | 2 2 | | | | 2 2 0 0 | | | |