

Form **W-2** Wage and Tax Statement **2020**

Copy B -- To Be Filed with Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

c Employer's name, address, and zip code BERRYESSA SD [REDACTED]		PL: 0006 PC: 02	d Control number 00701917	1 Wages, tips, other compensation 19,488.01	2 Federal income tax withheld 32.33
e Employee's name, address, and zip code NITU SINGH [REDACTED]			7 Social security tips	3 Social security wages 20,948.45	4 Social security tax withheld 1,298.80
CA 800-44134		19,488.01	8 Allocated tips	5 Medicare wages and tips 20,948.45	6 Medicare tax withheld 303.76
15 State Employer's state ID number		16 State wages, tips, etc.	9	10 Dependent care benefits	11 Nonqualified plans
			12a See instructions for box 12	12b	12c
			12d	13 Statutory emp. Retirement plan Third-party sick pay XX	14 Other
			b Employer identification number 94-6020929	a Employee's social security number [REDACTED]	PERS/S 1,460.44
			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.		
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
			9.70		
					20 Locality name

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Copy C -- For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

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Form **W-2** Wage and Tax Statement **2020**

Copy 2 -- To Be Filed with Employee's State, City, or Local Income Tax Return.

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