FEDERAL Tax Return.	ith Employee's	OMB No. 1545-0008	Copy 2—To Be Filed Wi City, or Local Income To	Tax Return	OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withhel
341-29-5491	41616.19 3 Social secunty wages	7518.83 4 Social security tax withheld	341-29-5491	41616.19 3 Social security wages	7518.83 4 Social security tax withheld
Employer ID number (EIN)	2307.92	143.09	b Employer ID number (EIN)	2307.92	143.09
02-0809769	5 Medicare wages and tips 2307.92	6 Medicare tax withheld 33.46	02-0809769	5 Medicare wages and tips 2307.92	6 Medicare tax withheld 33.46
Employer's name, address, Hulu, LLC		33.46	c Employer's name, address, a		33.40
2500 Broadway			2500 Broadway		
2nd Floor			2nd Floor		
Santa Monica, CA	90404		Santa Monica, CA	90404	
Control number			d Control number		
Employee's name, address, Saketh Lakkaraji 181 S Lewis St Apt 207 Orange, CA 9286	u		e Employee's name, address. Saketh Lakkaraju 181 S Lewis St Apt 207 Orange, CA 92868	u	
Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9
Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	10 Dependent care benefits	11 Nonqualified plans	12a Code
Statutonus		C 48.45	an Chata		C 48.45
Statutory employee 14 Oth	ner CASDI 429.00	12b Code D 1375.02	13 Statutory employee 14 Ott	her CASDI 429.00	D 1375.02
Retirement plan	.23.00	12c Code	Retirement plan		12c Code
X hird-party sick pay		DD 4066.80	X		DD 4066.80
hird-party sick pay		12d Code	Third-party sick pay		12d Code
A 276-2390-9	41616.19	2760.94	CA 276-2390-9	41616.1	9 2760.9
Employer's state ID nur	mber 16 State wages, tips, etc.	17 State income tax		umber 16 State wages, tips, etc.	17 State income tax 20 Locality name
	ement 2020 o the Internal Revenue Service.	Dept. of the Treasury - IRS	Form W-2 Wage and Tax St	tatement 2020	Dept. of the Treasury
formation is being furnished to	o the Internal Revenue Service.	Dept. of the Treasury - IRS  OMB No. 1545-0008	Form W-2 Wage and Tax St  Copy 2—To Be Filed W City, or Local Income T	/ith Employee's State,	Dept. of the Treasury  OMB No. 1545-0008
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Third-party sick pay

CA 276-2390-9

Form W-2 Wage and Tax Statement

BW24UP NTF 2583656 0 BW24UP

12d Code

17 State income tax

Dept. of the Treasury - IRS

2760.94

41616.19

 15 State
 Employer's state ID number
 16 State wages, tips, etc.
 17 State income

 18 Local wages, tips, etc.
 19 Local income tax
 20 Locality name

Form W-2 Wage and Tax Statement BIS. If you are required to file a tax return, a neglyence penalty or offer search on my be imposed on you if this income is taxable and you tall to report it.

Third-party sick pay CA 276-2390-9

15 State Employer's state ID number 16 State wages, tips, etc. 17 State incom
18 Local wages, tips, etc. 19 Local income tax 20 Locality name

41616.19

5050

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17 State income tax

Dept. of the Treasury - IRS