

d Control number 79193	1 Wages, tips, other compensation 63753.65	2 Federal income tax withheld 5571.22
OMB NO 1545-0008	3 Social security wages 19689.95	4 Social security tax withheld 1220.77
	5 Medicare wages and tips 19689.95	6 Medicare tax withheld 285.51

c Employer's name, address and ZIP code
PRIME HEALTHCARE MANAGEMENT
3300 EAST GUASTI
ONTARIO CA 91761

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 4.90
12b D 4357.32	12c DD 6432.66	12d

b Employer identification number (EIN) 20-3952701 a Employee's social security number 642-45-6705

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address and ZIP code
ARPIT PANDYA
808 W. ARROYO PARK LN
UNIT A
HARLINGEN TX 78550

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.

2020 15 State Employer's state I.D. No. 16 State wages, tips, etc.

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

Copy C For EMPLOYEE'S RECORDS

(See Notice to Employee on back of Copy B.)

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

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808 W. ARROYO PARK LN
UNIT A
HARLINGEN TX 78550

2020 15 State Employer's state I.D. No. 16 State wages, tips, etc.

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

Copy B To Be Filled With Employee's FEDERAL Tax Return

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

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ARPIT PANDYA
808 W. ARROYO PARK LN
UNIT A
HARLINGEN TX 78550

2020 15 State Employer's state I.D. No. 16 State wages, tips, etc.

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

Copy 2 To Be Filled With Employee's State, City, or Local Income Tax Return

17 State income tax 18 Local wages, tips, etc.

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

Copy 2 To Be Filled With Employee's State, City, or Local Income Tax Return

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