| a Employee's SSN<br>307-37-1590                                  | 1 Wages, tips,                       | other compensation 103048.9  | on 2 Federal income tax withheld 9094.85            | a Employee's SSN<br>307-37-1590   |                        | 1Wages, tips, other compensation 2 Federal income tax withheld 103048.96 9094.85 |  |                                      |  |
|--|--------------------------------------|--|---|---|------------------------|--|--|--------------------------------------|--|
| OMB No. 1545-0008  | 3 Social securi                      |  | 4 Social security tax withheld                      | OMB No. 1545-0008   |                        |  |  | ial security tax withheld 6438.55    |  |
| b Employer identification num                                    | ber 5 Medicare wa                    | ges and tips   | 6 Medicare tax withheld                             |   | number 5 Medic         | 5 Medicare wages and tips  |  | dicare tax withheld                  |  |
| 65-0307428<br>c Employer's name, address,                        | and ZIP code                         | 103847.0   | 4 1505.68   | 65-0307428<br>c Employer's name, addres   | ss and ZIP cod         |  | 347.04                                 | 1505.68                              |  |
| B&C TRANSIT, I   |                                      |  |   | B&C TRANSIT   |                        | •  |  |                                      |  |
| 1924 FRANKLIN  |                                      |  |   | 1924 FRANKLI  | N ST                   |  |  |                                      |  |
| STE 200  |                                      |  |   | STE 200<br>OAKLAND, CA  | 94612                  |  |  |                                      |  |
| OAKLAND, CA 94612  |                                      |  | 0 "   | d Control number  |                        | 7 Social security tips 8 Allocated tips  |  | ated tips                            |  |
| e Employee's first name and initial Last name NARENDRA R BOGGULA |                                      |  | Suff.   | e Employee's first name ar  | nd initial             | Last name  |  | Suff.                                |  |
| 1331 159TH AVE,  | NARENDRA                             | iu ii iiuai  | R BOGG  |   | Suii.                  |  |  |                                      |  |
| SAN LEANDRO, (   | CA 94578                             |  |   | 1331 159TH AVE  |                        |  |  |                                      |  |
| f Employee's address and ZII                                     | ode code                             |  |   | SAN LEANDRO.  | . CA 94578             | 3  |  |                                      |  |
| d Control number   | ontrol number 7 Social security tips |  | 8 Allocated tips                                    | f Employee's address a  | nd ZIP code            |  |  |                                      |  |
| 9  | 10 Dependent ca                      | re benefits  | 11 Nonqualified plans                               | 13 Statutory Retirement Third-party plan Statutory employee plan Statutory sick pay |                        |  |  |                                      |  |
| 12a <u> </u>   | 700.00                               | 14 Other   |   | 9   |                        | pendent care be  |  | nqualified plans                     |  |
| D <u>i</u>   | 798.08                               | CA-SDI   | 1038.46   | 12a   |                        | I14 Othe   |  |                                      |  |
| VV į   | 2124.98                              |  |   | l D i   | 798                    | . NR   | -SDI                                   | 1038.46                              |  |
| <sup>12c</sup> DD  | 11150.23                             |  |   | <sup>12b</sup> W  | 2124                   |  |  |                                      |  |
| 12d  |                                      |  |   | <sup>12c</sup> DD į   | 11150                  | .23  |  |                                      |  |
| 13 Statutory employee  | Retiremer<br>plan                    | nt 🗶   | Third-party sick pay                                | 12d   |                        |  |  |                                      |  |
| 15 State Employer's state II                                     |                                      | State wages, tip   |   | 15 State Employer's state   |                        | 16 State   | wages, tips, etc.                      | 17 State income tax 3449.89          |  |
| CA I 438-219   | 3-3                                  | 10302  | 18.96 3449.89                                       | CA I 438-21   | 193-3                  |  | 103048.96                              | 3449.09                              |  |
| 18 Local wages, tips, etc. 19                                    | Local income tax                     | 20 Locality  | name  | 18 Local wages, tips, etc.  | 19 Local incon         | no tay 2   | 20 Locality name                       |                                      |  |
| Local wages, tips, etc.  | Local Income tax                     | 20 Locality  |   | Local wayes, lips, etc.   | 13 Local Incom         | ie tax 2   | LO LOCAINY HAIRIC                      |                                      |  |
|  |                                      |  |   |   |                        |  |  |                                      |  |
| Form W-2 Wage and Tax Statem                                     | ent 2020                             |  | lepartment of the Treasury-Internal Revenue Service | Form W-2 Wage and Tax S   | Statement 20d          | 20   | Department of                          | the Treasury-Internal Revenue Servi  |  |
| VV Z   | Сор                                  | y B - To Be Filed Wi   | th Employee's FEDERAL Tax Return.                   | ****  | (                      | Copy 2 - To Be Filed   | With Employee's State,                 | City, or Local Income Tax Retur      |  |
| a Employee's SSN 1 Wages, tips, 307-37-1590                      |                                      | other compensation 2 Federal income tax withheld 103048.96 9094.85 |   | a Employee's SSN  |                        | 1Wages, tips, other compensation 2 Federal income tax withheld                   |  |                                      |  |
|  |                                      | curity wages 4 Social security tax withheld                        |   | 307-37-1590<br>OMB No. 1545-0008  |                        | 103048.96 9094.85 3 Social security wages 4 Social security tax withheld         |  |                                      |  |
| - F. Marian  |                                      | 103847.0   |   | h = 1   |                        | 103847.04 6438.5<br>r 5 Medicare wages and tips 6 Medicare tax withheld          |  |                                      |  |
| b Employer identification number 65-0307428 5 Medicare wage      |                                      | ges and tips 6 Medicare tax withheld 1505.68                       |   | 65-0307428  | number <b>3</b> iviedi | 103847.04 Nedicare wages and tips  |  |                                      |  |
| c Employer's name, address,                                      |                                      |  | •   | c Employer's name, addre  |                        |  | <u> </u>                               |                                      |  |
| B&C TRANSIT.   |                                      |  |   | B&C TRANSIT   |                        |  |  |                                      |  |
| 1924 FRANKLIN  | SI                                   |  |   | 1924 FRANKL<br>STE 200  | IN 51                  |  |  |                                      |  |
| STE 200<br>OAKLAND, CA 9   | 1/612                                |  |   | OAKLAND, CA   | 94612                  |  |  |                                      |  |
| e Employee's first name and in                                   |                                      | Last name  | Suff.   | e Employee's first name ar  |                        | Last name  | <u> </u>                               | Suff.                                |  |
| NARENDRA   |                                      | BOGGULA  |   | NARÉNDRA  |                        | R BOGG   |  |                                      |  |
| 1331 159TH AVE.  |                                      |  |   | 1331 159TH AVE  |                        |  |  |                                      |  |
| SAN LEANDRO. C   | A 94578                              |  |   | SAN LEANDRO.  | CA 94578               | 3  |  |                                      |  |
| f Employee's address and ZII                                     |                                      |  |   | f Employee's address and  |                        |  | 1                                      |                                      |  |
| d Control number   | 7 Social security                    | tips   | 8 Allocated tips                                    | d Control number  | 7 Social s             | security tips  | 8 Alloca                               | ated tips                            |  |
| 9  | 10 Dependent ca                      | re benefits  | 11 Nonqualified plans                               | 9   | 10 Depen               | dent care benef  | its 11 None                            | qualified plans                      |  |
| <sup>12a</sup> D :   | 798.08                               | 14 Other   |   | <sup>12a</sup> D :  | 70                     | 14 Othe  | er er                                  |                                      |  |
| 12b  |                                      | CA-SDI   | 1038.46   | 126   |                        |  | -SDI                                   | 1038.46                              |  |
| VV <u>.</u>  | 2124.98                              |  |   | VV :  | 212                    |  |  |                                      |  |
|  | 11150.23                             |  |   |   | 1115                   | 0.23   |  |                                      |  |
| 12d  |                                      |  |   | 12d   |                        |  |  |                                      |  |
| 13 Statutory employee  | Retiremer<br>plan                    |  | Third-party sick pay                                | 13 Statutory employee   |                        | etirement X  |  | ird-party<br>k pay                   |  |
| 15 State Employer's state II CA   438-219                        | number 16<br>3-3                     | State wages, tip   | s, etc. 17 State income tax 3449.89                 | 15 State Employer's state CA   438-2  |                        | 16 State   | wages, tips, etc.<br>103048.96         | 17 State income tax 3449.89          |  |
|  | . <del>.</del>                       |  | 0770.00   | ) , , , , , , , , , , , , , , , , , , ,   |                        |  |  | 1                                    |  |
| 18 Local wages, tips, etc. 19                                    | Local income tax                     | 20 Locality  | name  | 18 Local wages, tips, etc.  | 19 Local incon         | ne tax 2   | 0 Locality name                        | <u> </u>                             |  |
|  |                                      |  |   |   | ļ                      |  | ······································ |                                      |  |
|  |                                      |  |   |   |                        |  |  |                                      |  |
| Form W-2 Wage and Tax Statem                                     | ent 2020                             | Copy C - Fo  | or EMPLOYEE'S RECORDS.                              | Form W-2 Wage and Tax S   | Statement 202          | 20   | Department of                          | of the Treasury-Internal Revenue Sen |  |