

a Employee's SSN 307-37-1590		1 Wages, tips, other compensation 103048.96		2 Federal income tax withheld 9094.85	
OMB No. 1545-0008		3 Social security wages 103847.04		4 Social security tax withheld 6438.55	
b Employer identification number 65-0307428		5 Medicare wages and tips 103847.04		6 Medicare tax withheld 1505.68	
c Employer's name, address, and ZIP code B&C TRANSIT, INC. 1924 FRANKLIN ST STE 200 OAKLAND, CA 94612					
e Employee's first name and initial NARENDRA		Last name R BOGGULA		Suff.	
1331 159TH AVE, APT#221 SAN LEANDRO, CA 94578					
f Employee's address and ZIP code					
d Control number		7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits		11 Nonqualified plans	
12a D 798.08		14 Other CA-SDI		1038.46	
12b W 2124.98					
12c DD 11150.23					
12d					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input checked="" type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's state ID number CA 438-2193-3		16 State wages, tips, etc. 103048.96		17 State income tax 3449.89	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2020** Department of the Treasury-Internal Revenue Service
Copy B - To Be Filed With Employee's FEDERAL Tax Return.

a Employee's SSN 307-37-1590		1 Wages, tips, other compensation 103048.96		2 Federal income tax withheld 9094.85	
OMB No. 1545-0008		3 Social security wages 103847.04		4 Social security tax withheld 6438.55	
b Employer identification number 65-0307428		5 Medicare wages and tips 103847.04		6 Medicare tax withheld 1505.68	
c Employer's name, address, and ZIP code B&C TRANSIT, INC. 1924 FRANKLIN ST STE 200 OAKLAND, CA 94612					
d Control number		7 Social security tips		8 Allocated tips	
e Employee's first name and initial NARENDRA		Last name R BOGGULA		Suff.	
1331 159TH AVE, APT#221 SAN LEANDRO, CA 94578					
f Employee's address and ZIP code					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input checked="" type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
9		10 Dependent care benefits		11 Nonqualified plans	
12a D 798.08		14 Other CA-SDI		1038.46	
12b W 2124.98					
12c DD 11150.23					
12d					
15 State Employer's state ID number CA 438-2193-3		16 State wages, tips, etc. 103048.96		17 State income tax 3449.89	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2020** Department of the Treasury-Internal Revenue Service
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

a Employee's SSN 307-37-1590		1 Wages, tips, other compensation 103048.96		2 Federal income tax withheld 9094.85	
OMB No. 1545-0008		3 Social security wages 103847.04		4 Social security tax withheld 6438.55	
b Employer identification number 65-0307428		5 Medicare wages and tips 103847.04		6 Medicare tax withheld 1505.68	
c Employer's name, address, and ZIP code B&C TRANSIT, INC. 1924 FRANKLIN ST STE 200 OAKLAND, CA 94612					
e Employee's first name and initial NARENDRA		Last name R BOGGULA		Suff.	
1331 159TH AVE, APT#221 SAN LEANDRO, CA 94578					
f Employee's address and ZIP code					
d Control number		7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits		11 Nonqualified plans	
12a D 798.08		14 Other CA-SDI		1038.46	
12b W 2124.98					
12c DD 11150.23					
12d					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input checked="" type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's state ID number CA 438-2193-3		16 State wages, tips, etc. 103048.96		17 State income tax 3449.89	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2020** Copy C - For EMPLOYEE'S RECORDS.

a Employee's SSN 307-37-1590		1 Wages, tips, other compensation 103048.96		2 Federal income tax withheld 9094.85	
OMB No. 1545-0008		3 Social security wages 103847.04		4 Social security tax withheld 6438.55	
b Employer identification number 65-0307428		5 Medicare wages and tips 103847.04		6 Medicare tax withheld 1505.68	
c Employer's name, address, and ZIP code B&C TRANSIT, INC. 1924 FRANKLIN ST STE 200 OAKLAND, CA 94612					
d Control number		7 Social security tips		8 Allocated tips	
e Employee's first name and initial NARENDRA		Last name R BOGGULA		Suff.	
1331 159TH AVE, APT#221 SAN LEANDRO, CA 94578					
f Employee's address and ZIP code					
9		10 Dependent care benefits		11 Nonqualified plans	
12a D 798.08		14 Other CA-SDI		1038.46	
12b W 2124.98					
12c DD 11150.23					
12d					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input checked="" type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's state ID number CA 438-2193-3		16 State wages, tips, etc. 103048.96		17 State income tax 3449.89	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2020** Department of the Treasury-Internal Revenue Service
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

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.