

Department of the Treasury—Internal Revenue Service		
d Control number <b>79186</b>	1 Wages, tips, other compensation <b>75240.35</b>	2 Federal income tax withheld <b>8466.08</b>
OMB NO. 1545-0048	3 Social security wages <b>33980.76</b>	4 Social security tax withheld <b>2106.84</b>
	5 Medicare wages and tips <b>33980.76</b>	6 Medicare tax withheld <b>492.76</b>

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 <b>C   24.75</b>
12b <b>DD   13508.82</b>	12c	12d

b Employer identification number (EIN) <b>20-3952701</b>	a Employee's social security number <b>662-64-2423</b>
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13 Statutory employee	Retirement plan	Third-party sick pay	14 Other SDI <b>C 752.42</b>
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e Employee's name, address and ZIP code  
**PRADEEP DONTHA**  
**1003 NORTH ARCHIBALD AVE**  
**APT #A**  
**ONTARIO CA 91764**

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.

<b>2020</b>	15 State CA Employer's state I.D. No. <b>032-9549-0</b>	16 State wages, tips, etc. <b>75240.35</b>
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Form <b>W-2</b> Wage and Tax Statement	17 State income tax <b>3905.03</b>	18 Local wages, tips, etc.
Copy C For EMPLOYEE'S RECORDS <small>(See Notice to Employee on back of Copy B.)</small>	19 Local income tax	20 Locality name

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Copy B To Be Filed With Employee's FEDERAL Tax Return	19 Local income tax	20 Locality name

16-0331690 Department of the Treasury—Internal Revenue Service

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