

d Control number 79194	1 Wages, tips, other compensation 46904.88	2 Federal income tax withheld 6900.38
OMB NO. 1545-0008	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld

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 2.09
12b DD 2968.92	12c	12d

b Employer identification number (EIN) 20-3952701	a Employee's social security number 715-98-0092		
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other SDI C 562.84

e Employee's name, address and ZIP code
SANTHOSH KUMAR NEELA
1005 N CENTER AVE
APT 12202
ONTARIO CA 91764

This information is being furnished to the Internal Revenue Service and 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.

2021

15 State CA	Employer's state I.D. No. 032-9549-0	16 State wages, tips, etc. 46904.88
17 State income tax 2942.62	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

Form **W-2 Wage and Tax Statement**
Copy C For EMPLOYEE'S RECORDS
(See Notice to Employee on back of Copy B.)

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Form **W-2 Wage and Tax Statement**
Copy B To Be Filed With Employee's FEDERAL Tax Return

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17 State income tax 2942.62	18 Local wages, tips, etc.	
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Form **W-2 Wage and Tax Statement**
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

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Form **W-2 Wage and Tax Statement**
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return