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|---|--|--|--|--|--|---|--|---|--|--|--|
| | | a Employee's social security number 690-73-2103 | | OMB No. 1545-0008 | | Safe, accurate, FAST! Use | |  | | Visit the IRS website at www.irs.gov/efile | |
| b Employer identification number (EIN) 84-1251420 | | | | 1 Wages, tips, other compensation 19733.87 | | 2 Federal income tax withheld 1607.83 | | | | | |
| c Employer's name, address, and ZIP code BURGER REHABILITATION SYSTEMS, INC. 1301 E BIDWELL ST STE 201 PO BOX 1100 FOLSOM, CA 95763-1100 (916) 932-7707 | | | | 3 Social security wages 19879.91 | | 4 Social security tax withheld 1232.55 | | | | | |
| | | | | 5 Medicare wages and tips 19879.91 | | 6 Medicare tax withheld 288.26 | | | | | |
| | | | | 7 Social security tips | | 8 Allocated tips | | | | | |
| d Control number | | | | 9 | | 10 Dependent care benefits | | | | | |
| e Employee's first name and initial Last name Suff. HIMA TEJASWI SAYAM 1990 SAN JUAN RD APT 137 SACRAMENTO, CA 95833 | | | | 11 Nonqualified plans | | 12a See instructions for box 12 D 146.04 | | | | | |
| | | | | 13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | | 12b | | | | | |
| | | | | 14 Other EPSLA1 813.85 | | 12c | | | | | |
| | | | | | | 12d | | | | | |
| f Employee's address and ZIP code | | | | | | | | | | | |
| 15 State Employer's state ID number CA 245-9444-2 | | 16 State wages, tips, etc. 19733.87 | | 17 State income tax 921.48 | | 18 Local wages, tips, etc. 19879.91 | | 19 Local income tax 238.57 | | 20 Locality name SDI | |

VBA **W-2 Wage and Tax Statement** 2021 Department of the Treasury—Internal Revenue Service
Form **W-2** Statement
Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

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VBA **W-2 Wage and Tax Statement** 2021 Department of the Treasury—Internal Revenue Service
Form **W-2** Statement
Copy 2—To Be Filed With Employee's State, City, or Local
Income Tax Return