



W-2 Wage and Tax Statement
 Copy C for employee's records.
 OMB No. 1545-0008
2021

d Control number 000013 RP/BWR Dept. Corp. Employer use only **A 2**

c Employer's name, address, and ZIP code
RADINNOVA INC
6388 QUAIL RUN STREET
SAN DIEGO, CA 92130

Batch #93533

e/f Employee's name, address, and ZIP code
SAMEER K JULAKANTI
2105 ENGELMOHR ST
UNIT-A
HOUSTON, TX 77054

b Employer's FED ID number 26-2226353 **a** Employee's SSA number XXX-XX-8441

1 Wages, tips, other comp. **53880.00** **2** Federal income tax withheld **4933.74**

3 Social security wages **53880.00** **4** Social security tax withheld **3340.56**

5 Medicare wages and tips **53880.00** **6** Medicare tax withheld **781.26**

7 Social security tips **8** Allocated tips

9 **10** Dependent care benefits

11 Nonqualified plans **12a** See instructions for box 12

14 Other 646.56 SDI **12b** **12c** **12d**

13 Stat emp. Ret. plan 3rd party sick pay

15 State CA **16** Employer's state ID no. 293-1763 3 **16** State wages, tips, etc. **53880.00**

17 State income tax **2016.48** **18** Local wages, tips, etc.

19 Local income tax **20** Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	53,880.00	53,880.00	53,880.00	53,880.00
Reported W-2 Wages	53,880.00	53,880.00	53,880.00	53,880.00

2. Employee Name and Address.

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Federal Filing Copy
W-2 Wage and Tax Statement
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CA.State Reference Copy
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