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Form **W-2 Wage and Tax Statement** **2021**
Copy B - To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.
c Employer's name, address, and ZIP code
COMMUNITY HOSPITALS CENTRAL CA
PO BOX 1232
FRESNO, CA 93715
e Employee's name, address, and ZIP code
SHARON CHETTUPALLY
1866 E. FIR AVE
203
FRESNO, CA 95730
CA 910-1499-3 7804.75 148.68
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax

Department of the Treasury-Internal Revenue Service OMB No. 1545-0008		1 Wages, tips, other compensation 7804.75	2 Federal income tax withheld 646.19
7 Social security tips		3 Social security wages 7804.75	4 Social security tax withheld 483.89
8 Allocated tips		5 Medicare wages and tips 7804.75	6 Medicare tax withheld 113.17
9		10 Dependent care benefits	11 Nonqualified plans
12a See instructions for box 12		12b	12c
12d		13 Statutory emp Retirement Plan Third-party sick pay	14 Other CASDI 93.66
b Employer identification number(EIN) 94-2864615		a Employee social security number 730-26-9440	d Control number
		18 Local wages, tips, etc.	19 Local income tax
			20 Locality name

★ 70362

Form **W-2 Wage and Tax Statement** **2021**
Copy C-For EMPLOYEE'S RECORDS(See Notice to Employee on back of Copy B.)

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PO BOX 1232
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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.		18 Local wages, tips, etc.	19 Local income tax
			20 Locality name

Form **W-2 Wage and Tax Statement** **2021**
Copy 1 - To Be Filed With Employee's State City or Local Income Tax Return

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COMMUNITY HOSPITALS CENTRAL CA
PO BOX 1232
FRESNO, CA 93715
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Form **W-2 Wage and Tax Statement** **2021**
Copy 2 - To Be Filed With Employee's State City or Local Income Tax Return

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W2F4ARB

FORM W-2 Wage and Tax Statement
 Copy C For EMPLOYEE'S RECORDS (See notice on back of copy 2)

This information is required to file a tax return. A negligence penalty is imposed on you if this income is taxable and you fail to report it.

These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

The white copies of the W-2 forms are for your tax returns; the blue copy is for your records. General instructions, including an explanation of the letter codes in box 12, are on the other side of the page.		Gross Wages	Federal Box 1	Soc. Sec. Box 3 and 7	Medicare Box 5
To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.		Taxable Benefits	50520.71	50520.71	50520.71
		Group Term Life			
		Adoption			
		Deferred Comp			
		Section 125			
		Other Pretax/Wage Limit	50520.71	50520.71	50520.71
		W-2 Wages			

D. CONTROL NUMBER 002031184501		This information is being furnished to the Internal Revenue Service		2021	OMB NO. 1545 - 0008	1. WAGES, TIPS, OTHER, COMPENSATION	50520.71	2. FEDERAL INCOME TAX WITHHELD	4004.57
B. EMPLOYER IDENTIFICATION NUMBER 27-1276573		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 730-26-9440				3. SOCIAL SECURITY WAGES	50520.71	4. SOCIAL SECURITY TAX WITHHELD	3132.28
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE AYA HEALTHCARE SERVICES INC 5930 CORNERSTONE CT WEST SUITE 300 San Diego CA 92121		13. Statutory Employee <input type="checkbox"/>		Retirement Plan <input type="checkbox"/>		Third-Party Sick Pay <input type="checkbox"/>		5. MEDICARE WAGES AND TIPS	732.55
E. EMPLOYEE'S FIRST NAME AND INITIAL Sharon		LAST NAME Chettupally		SUFF.		7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS	
F. EMPLOYEE'S ADDRESS AND ZIP CODE 1866 E. Fir Ave #203 Fresno CA 93720 USA		11. NONQUALIFIED PLANS		12. a-d		9.		10. DEPENDENT CARE BENEFITS	
		14. OTHER CA SDI		606.25					
15. STATE CA	EMPLOYER'S STATE I.D. NO. 473-5793-4	16. STATE WAGES, TIPS, ETC. 50520.71	17. STATE INCOME TAX 4988.74	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME			

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return
FORM W-2 Wage and Tax Statement 2021 Dept. of the Treasury - Internal Revenue Service

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FORM W-2 Wage and Tax Statement 2021 Dept. of the Treasury - Internal Revenue Service

Visit www.irs.gov/efile for e-file details.

W-2 AND WAGE SUMMARY

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2021 W-2 and Earnings Summary

Form W-2 Wage and Tax Statement
Copy C - For EMPLOYEE'S RECORDS 2021
OMB No. 1545-0008
Department of Treasury - Internal Revenue Service

This information is being furnished to the IRS. 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.

Control number: OX159 A7G1 02305

Employer's name, address, and ZIP code:
FLEXCARE LLC
532 GIBSON DRIVE STE 100
ROSEVILLE CA 95678

Employee's name, address, and ZIP code:
SHARON L CHETTUPALLY
10285 PARKWOOD DRIVE # 03
CUPERTINO CA 95014

1 Wages, tips, other comp.	2 Federal income tax withheld
15356.26	4226.66
3 Social security wages	4 Social security tax withheld
15356.26	952.09
5 Medicare wages and tips	6 Medicare tax withheld
15356.26	222.67
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a DD 141.60
	12b
	12c
	12d
13 Statutory employee Retirement plan Third-party sick pay	14 CASDI 184.28
Employee's social security no. 730-26-9440	
Employer ID number (EIN) 20-5577402	
15 st. Employer's state ID number CA 30670467	16 State wages, tips, etc. 15356.26
	17 State income tax 1291.79
18 Local wages, tips, etc.	19 Local income tax
	20 Locality name

Wages, Tips, Other Comp.
Box 1 of W-2

Gross Pay	\$20,429.22
Less: Non-Taxable Earnings	(\$4,928.00)
Less: Retirement Deductions	\$0.00
Less: Other Pre-tax Deductions	(\$144.96)
Less: Third Party Sick Pay	\$0.00
Less: Excess Wages	N/A
Total Reported Wages	\$15,356.26

Fed Income
Box 2 of W-2
\$4,226.66

Tax Withheld
\$4,226.66

Social Security Wages
Box 3 of W-2

\$20,429.22
(\$4,928.00)
N/A
(\$144.96)
\$0.00
\$0.00
\$15,356.26

Social Security
Box 4 of W-2
\$952.09

Medicare Wages and Tips
Box 5 of W-2

\$20,429.22
(\$4,928.00)
N/A
(\$144.96)
\$0.00
N/A
\$15,356.26

Medicare
Box 6 of W-2
\$222.67

CA State Wages, Tips, etc.
Box 16 of W-2

Gross Pay	\$20,429.22
Less: Non-Taxable Earnings	(\$4,928.00)
Less: Retirement Deductions	\$0.00
Less: Other Pre-tax Deductions	(\$144.96)
Less: Third Party Sick Pay	\$0.00
Total Reported Wages	\$15,356.26

CA State Income Tax
Box 17 of W-2

Tax Withheld **\$1,291.79**

SHARON L CHETTUPALLY
10285 PARKWOOD DRIVE # 03
CUPERTINO, CA 95014

The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

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Department of Treasury - Internal Revenue Service

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2021 W-2 and EARNINGS SUMMARY

Employee Reference Copy W-2 Wage and Tax Statement 2021

Copy C for employee's records. OMB No. 1545-0008
Employer use only

d Control number 75554206 74B Dept. XXXX Corp. S 43164

c Employer's name, address, and ZIP code
KAISER FOUNDATION HOSPITALS, INC
2701 NW VAUGHN ST SUITE 490
PORTLAND, OR 97210

e/f Employee's name, address, and ZIP code
SHARON L CHETTUPALLY
1866 E FIR AVE APT 203
FRESNO, CA 93720

b Employer's FED ID number 94-1105628	a Employee's SSA number XXX-XX-9440
1 Wages, tips, other comp. 194894.35	2 Federal income tax withheld 47989.97
3 Social security wages 142800.00	4 Social security tax withheld 8853.60
5 Medicare wages and tips 214394.35	6 Medicare tax withheld 3238.27
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 D 19500.00
14 Other 1538.58 CA SDI	12b DD 6379.44
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay X
15 State Employer's state ID no. CA 91000448	16 State wages, tips, etc. 194894.35
17 State income tax 17698.89	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

SHARON L CHETTUPALLY
1866 E FIR AVE APT 203
FRESNO, CA 93720

Social Security Number: XXX-XX-9440



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PAGE 01 OF 01

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CA. State Filing Copy W-2 Wage and Tax Statement 2021

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