

d Control number	1 Wages, tips, other compensation 915.00	2 Federal income tax withheld 22.75
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
STATE OF CALIFORNIA
BETTY T. YEE, CALIFORNIA STATE CONTROLLER
P.O. BOX 942850
SACRAMENTO, CA 94250-5878

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a
12b	12c	12d

b Employer identification number (EIN) **94-6001347** a Employee's social security number **XXX-XX-3905**

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
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e Employee's name, address and ZIP code
S A KATARIYA
814 CHERRY ORCHARD PLACE
SANTA CLARA CA
95051

2021	15 State Employer's state ID No. CA 80040397	16 State wages, tips, etc. 915.00
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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
 Department of the Treasury Internal Revenue Service

17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

d Control number	1 Wages, tips, other compensation 915.00	2 Federal income tax withheld 22.75
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
STATE OF CALIFORNIA
BETTY T. YEE, CALIFORNIA STATE CONTROLLER
P.O. BOX 942850
SACRAMENTO, CA 94250-5878

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a
12b	12c	12d

b Employer identification number (EIN) **94-6001347** a Employee's social security number **XXX-XX-3905**

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
-----------------------	-----------------	----------------------	----------

e Employee's name, address and ZIP code
S A KATARIYA
814 CHERRY ORCHARD PLACE
SANTA CLARA CA
95051

2021	15 State Employer's state ID No. CA 80040397	16 State wages, tips, etc. 915.00
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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
 Department of the Treasury Internal Revenue Service

17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

d Control number	1 Wages, tips, other compensation 915.00	2 Federal income tax withheld 22.75
OMB NO. 1545-0008	3 Social security wages	4 Social security tax withheld
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c Employer's name, address and ZIP code
STATE OF CALIFORNIA
BETTY T. YEE, CALIFORNIA STATE CONTROLLER
P.O. BOX 942850
SACRAMENTO, CA 94250-5878

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d

b Employer identification number (EIN) **94-6001347** a Employee's social security number **XXX-XX-3905**

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
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e Employee's name, address and ZIP code
S A KATARIYA
814 CHERRY ORCHARD PLACE
SANTA CLARA CA
95051

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.

2021	15 State Employer's state ID No. CA 80040397	16 State wages, tips, etc. 915.00
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Form **W-2** Wage and Tax Statement
 Copy C - For EMPLOYEE'S RECORDS
 (see Notice to Employee on the back of Copy B.)

17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

d Control number	1 Wages, tips, other compensation 915.00	2 Federal income tax withheld 22.75
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
STATE OF CALIFORNIA
BETTY T. YEE, CALIFORNIA STATE CONTROLLER
P.O. BOX 942850
SACRAMENTO, CA 94250-5878

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d

b Employer identification number (EIN) **94-6001347** a Employee's social security number **XXX-XX-3905**

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
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e Employee's name, address and ZIP code
S A KATARIYA
814 CHERRY ORCHARD PLACE
SANTA CLARA CA
95051

2021	15 State Employer's state ID No. CA 80040397	16 State wages, tips, etc. 915.00
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Form **W-2** Wage and Tax Statement
 Copy B - To Be Filed With Employee's FEDERAL Tax Return

17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name