W-2 Federal Fili Wage an Statem Copy B to be filed with employed	d Tax 2021	W-2 State, City, Local Wage and Stateme	Tax 2021	W-2 State, City, Loc Wage al	nd lax ZUZZ
Wages, tips, other comp.	2 Federal Income tax withheld	Copy 2 to be filed with employee's St 1 Wages, tips, other comp.	tate/City/Local Income Tax Return	Copy 2 to be filed with employee's 5	nent state/City/Local Income Tax Retu
53266.12 Social security wages	7969.35 4 Social Security tax withheld	3 Social security wages	2 Federal income tax withheld 7969.35	- " " ges, cips, other comp.	/905.00
Medicare wages and tips	6 Medicare tax withheld		4 Social Security tax withheld	3 Social security wages	4 Social Security tax withheld
measure wages and ups	• Medicare dix withheld	5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips	6 Medicare tax withheld
Control number	Employer use only	d Control number	Employer use only		
Employer's name, address, and ZIP code PUBLIC HEALTH FOUNDATI 13300 CROSSROADS PARK SUITE 450	W	c Employer's name, address, and ZIP code PUBLIC HEALTH FOUNDATI 13300 CROSSROADS PARK' SUITE 450	ON ENTERPRISES, IN	d Control number c Employer's name, address, and ZIP code PUBLIC HEALTH FOUNDATI 13300 CROSSROADS PARK	ON ENTERPRISES, IN
CITY OF INDUSTRY CA 9174 Employer's FED ID number		CITY OF INDUSTRY CA 9174	6-3505	SUITE 450 CITY OF INDUSTRY CA 9174	
95-2557063	a Employee's SSA number 733-36-1890	b Employer's FED ID number 95-2557063	a Employee's SSA number	b Employer's FED ID number	a Employee's SSA number
Social security tips	8 Allocated tips	7 Social security tips	733-36-1890 8 Allocated tips	95-2557063 7 Social security tips	733-36-1890
The Port and	10 Dependent care benefits	9	10 Dependent care benefits	· · · · · · · · · · · · · · · · · · ·	8 Allocated tips
1 Nonqualified plans	12a See Instructions for box 12	11 Nonqualified plans	2.32		10 Dependent care benefits
1 Other	E 121.44		12a See Instructions for box 12 E 121.44	11 Nonqualified plans	12a See Instructions for box 12
CASDI 640.63 SICKLV\$511 184.00	DD 5670.87	14 Other CASDI 640.63	12b	14 Other	12b
SICKLV\$511 184.00	12c	SICKLV\$511 184.00			12e
9	12d		12d		Sept. 1. Au
	13 Stat emp Ret. plan 3rd party sick pay				124
e Employee's name, address, and ZIP code	X		13 Stat errop Ret. plan X 3rd party sick pay		13 Stat emp Ret. plan 3rd party sick pay
RAMYA MOUNIKA KARUTUR 9915 BRUNSWICK WAY SAN RAMON CA 94583		e Employee's name, address, and ZIP code RAMYA MOUNIKA KARUTUR 9915 BRUNSWICK WAY SAN RAMON CA 94583		e Employee's name, address, and 219 code RAMYA MOUNIKA KARUTUR 9915 BRUNSWICK WAY SAN RAMON CA 94583	
5 State Employer's state ID no. CA 026-1285-1	16 State wages, tips, etc. 53266.12	15 State Employer's state ID no. 026-1285-1	16 State wages, tips, etc. 53266.12	15 State Employer's state ID no.	16 State wages, tips, etc.
7 State Income tax	18 Local wages, tips, etc.	17 State Income tax		17 State income tax	
2287.95	and wages, ups, ea.	2287.95	18 Local wages, tips, etc.	1/ State income tax	18 Local wages, tips, etc.
9 Local income tax	20 Locality name			19 Local income tax	
	20 Locality name	19 Local Income tax	20 Locality name	19 Local Income tax	20 Locality name
Form W-2 Wage & Tax Statement Dept. o		•••••		Form W-2 Wage & Tax Statement Dept. o	
Copy C for Emp 53266.12 Social security wages Medikare wages and Ups I Control number	loyee Records 2 Federal Income tax withheld 7969.35 4 Social Security tax withheld 6 Medicare tax withheld Employer use only		ervice system. To take adva our UltiPro portal, view you u can also get started with		
Employer's name, address, and ZIP code PUBLIC HEALTH FOUNDAT 13300 CROSSROADS PARK SUITE 450	ION ENTERPRISES, IN	https://turbotax.intuit.com This Earning Summary sect		N-2 to help describe portion	s in more detail.
CITY OF INDUSTRY CA 917	46-3505	1. The following information re	flects your final pay statement	plus employer adjustments that	comprise your W-2 statement
b Employer's FED ID number 95-2557063	a Employee's SSA number 733-36-1890			The state of the s	
7 Social security tips	8 Allocated tips	Earnings Description	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages
	10 Dependent care benefits	Gross Wages	53387.56	53387.56	53387.56
11 Nonqualified plans	12a See Instructions for box 12	Less Exempt Wages		53387.56	53387.56
14 Other	E 121.44	Less Deferred Comp Less Housing/Transportation	121.44		
CASDI 640.63		Less Dependent Care			
SICKLV\$511 184.00		Less Sec 125			
	12d	Less Excess Wages			
	13 Stat emp Ret. plan 3rd party sick pay	Taxable Wages	53266.12		
e Employee's name, address, and ZIP cod	•	(Reported on Form W-2)	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2
RAMYA MOUNIKA KARUTUF 9915 BRUNSWICK WAY SAN RAMON CA 94583	RI	2. Employee W-4 Profile To ch	ange your employee W-4 profil	e information, file a new W-4 with	the payroll department
	I and the state	FIT: E 0	SIT Res: CASIT S	S 1 SIT Work:	CASIT S 1
15 State Employer's state ID no. 026-1285-1	16 State wages, tips, etc. 53266.12		Marcon Marcon Commission		
17 State income tax	18 Local wages, tips, etc.				
2287.95					
19 Local Income tax	20 Locality name				Page 1 of 1
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Form W-2 Wage & Tax Statement Dept. o	f the Treasury-IRS OMB No. 1545-0008				
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Important Tax Document Enclosed

PUBLIC HEALTH FOUNDATION ENTERPRISES, IN 13300 CROSSROADS PARKW SUITE 450 CITY OF INDUSTRY CA 91746-3505 [9050801] [001804] [090012] [001806] [001804] 1 of 1 1/15/2022
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