SRAVAN KUMAR ANDE 2644 POPLARWOOD WAY SAN JOSE CA 95132

Form W-2 Wage and	d Tax Statement 202 <sup>,</sup>
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## Copy C, for employee's records

d Control number 0084-A8813848 0000000554 -	3	Void	c Employer's name, address, and ZIP code					Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
b Employer identification number (EIN)  81-2226083  13 Statutory Retiremployee	ROSEITCORP 39420 LIBERTY ST STE 258 FREMONT CA 94538-2298					s, other compensa	ation 67950.00 67950.00	Federal income tax withheld     Social security tax withheld	4649.80		
12 See instructions for box 12	815.40	e Employee's name SRAVAN KUI 2644 POPLAI SAN JOSE C		Medicare wages and tips     67950.00     Social Security Tips     10 Dependent care benefits			6 Medicare tax withheld  8 Allocated Tips  11 Nonqualified plans	985.28			
15 State Employer's state ID number 16 State wages, tij CA 070-5511-4			s, etc. 67950.00	17 State income tax	3505.56	18 Local wages, tips, etc.		19 Local income	tax	20 Locality name	

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.

# Form W-2 Wage and Tax Statement 2021

## Copy B, to be filed with employee's FEDERAL tax return

d Control number 0084-A8813848 0000000554 - b Employer identification number (EIN)	8 a Employee's social secur	Void ity number	c Employer's name, a	address, and ZIP code			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
,		,	39420 LIBER	TY ST STE 258			1 Wages, tips, other compe	ensation	2 Federal income tax withheld	
81-2226083	890-62-5016	3	FREMONT C	A 94538-2298				67950.00		4649.80
	rement T	hird-party sick pay					3 Social security wages		4 Social security tax withheld	
Cimployee	Juli	sick pay						67950.00		4212.90
12 See instructions for box 12	14 Other		e Employee's name	, address, and ZIP code			5 Medicare wages and tips		6 Medicare tax withheld	
	CASDI	815.40						67950.00		985.28
	0.65.			MAR ANDE RWOOD WAY			7 Social Security Tips		8 Allocated Tips	
			SAN JOSE C	A 95132			10 Dependent care benefits		11 Nonqualified plans	
									•	
15 State Employer's state ID r	s, etc.	17 State income tax		18 Local wages, tips, etc.	19 Local incor	me tax	20 Locality name			
CA 070-5511-4			67950.00		3505.56					

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.

# Form W-2 Wage and Tax Statement 2021

## Copy 2, to be filed with employee's tax return for CA

d Control nu	0000000554 -		Void	c Employer's name,	address, and ZIP code			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
81-222 13 Statuto	b Employer identification number (EIN) a Employee's social security number  81-226083  890-62-5016  13 Statutory Retirement plan Sick pay				39420 LIBERTY ST STE 258 FREMONT CA 94538-2298					67950.00 67950.00	Federal income tax withheld     Social security tax withheld	4649.80 4212.90
12 See instru	octions for box 12	14 Other CASDI	815.40	SRAVAN KUI	RWOOD WAY			7 Social Se	wages and tips curity Tips nt care benefits	67950.00	Medicare tax withheld     Allocated Tips     Nonqualified plans	985.28
15 State CA	Employer's state ID 070-5511-4	number	16 State wages, tips	67950.00	17 State income tax	3505.56	18 Local wages, tips, etc.		19 Local income	tax	20 Locality name	

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.

# Form W-2 Wage and Tax Statement 2021

Control number	Void c Employ	r's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008  1 Wages, tips, other compensation 2 Federal income tax withheld		
Employer identification number (EIN) a Employee's social security number						
Statutory Retirement Third-party employee plan sick pay				3 Social security wages	4 Social security tax withheld	
See instructions for box 12 14 Other	e Emplo	ree's name, address, and ZIP code		5 Medicare wages and tips	6 Medicare tax withheld	
				7 Social Security Tips	8 Allocated Tips	
				10 Dependent care benefits	11 Nonqualified plans	
5 State Employer's state ID number 16 State	vages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

#### **Notice to Employee**

Do you have to file? Refer to the Instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2021 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2021 or if income is earned for services provided while you were an inmate at a penal institution. For 2021 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

**Employee's social security number (SSN).** For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and SSA.

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2021 and more than \$8,853.60 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$5,203.80 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

### Instructions for Employee

- Box 1. Enter this amount on the wages line of your tax return.
- $\mbox{\bf Box}~\mbox{\bf 2.}$  Enter this amount on the federal income tax withheld line of your tax return.
- **Box 5**. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8959.
- Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.
- Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Instructions for Forms 1040 and 1040-SR.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated fip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filling Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131. Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,500 (\$13,500 if you only have SIMPLE plans; \$22,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2021, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Instructions for Forms 1040 and 1040-SR.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

**A**—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

**B**—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

 $\pmb{C}$  —Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

**D**—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

**G**—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

**H**—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Instructions for Forms 1040 and 1040-SR for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

 $\mbox{K}{-20\%}$  excise tax on excess golden parachute payments. See the Instructions for Forms 1040 and 1040-SR.

L—Substantiated employee business expense reimbursements (nontaxable)

**M**—Uncollected social security or RRTA tax on taxable cost of groupterm life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

**N**—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

P--Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

**Q**—Nontaxable combat pay. See the Instructions for Forms 1040 and 1040-SR for details on reporting this amount.

**R**—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

**S**—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

**W**—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Instructions for Forms 1040 and 1040-SR.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

**DD**—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

**EE**—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a taxexempt organization section 457(b) plan.

**FF**—Permitted benefits under a qualified small employer health reimbursement arrangement

GG-Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

**Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation. Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, lest in case there is a question about your work record and/or earnings in a particular year.

Notice to Employee
Do you have to file? Refer to the instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. Even if you do not have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned innour credit (EIC). You may be able to take the EIC for 2020 if your adjusted gross income (AGI) is less than a certain amount. The amount of credit is based on income and family size.

Workers without châldren could qualify for a smaller credit. You and any qualifying châldren must have valid social security numbers (SSNs). You can that the HEI fir your investment income is more than the specified amount for 2020 or if income is earned for services provided while you were an intante at a penal institution. For 2020 income limits and more information, vist www. ris. gov/EITC.

Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Also see Pub. 396, trained informe cream, my face and the security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers. Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employer to correct your employer to the correct way and the state of the correct way and any statement, with the Social Security Administration (SSA) to correct any

Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSR, or money amount error reported to the SSA on Form W-2. Be use to get your copies of Form W-2 from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct annear at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in Box 12, using Code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with Code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2020 and more than S8.537.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than archive for the excess fave your federal income tax. If you had more than ore than 65.012.70 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit for the excess against your federal more than 65.012.70 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit for the structures for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

#### Instructions for Employee

Box 1. Eater this amount on the wages line of your tax return.

Box 2. Eater this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8999. Additional Medicar Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips show in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips abox \$200.000.

figure the social security and Medicare tax owed on tips you didn't report to your empbyer. Enter this J.—Nontaxable six by pay (information only, not included in boxes 1, 3, or 5) amount on the wages line of your tax return. By filing Form 4137, your social security is will be credited to your social security record (used to figure your benefits).

K—20% excise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR.

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shown, the contributions are for the current year. A—Uncollected social security of 1040-SR. See the instructions for Forms 1040 and 1040-SR. See the instructions for Forms 1040 and 1040-SR.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the instructions for Forms 1040 and 1040-SR.

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under

a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement.

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

employees only). See the instructions for Forms 1040 and 1040-SR.

P—Exchable moving expense reimbursements paid drecily to a member of the U.S. Armed Forces (not included in boxes 1, 3, or 5)

O—Nontaxable combat pay. See the instructions for Forms 1040 and 1040-SR for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Linghyees allay reductive contributions under a section 408(p) SIMPLE plan (not included in box 8—Linghyees allay reductive contributions under a section 408(p) SIMPLE plan (not included in box

1) T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to 

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W—Emphyrer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (MSAc)

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the instructions for Forms 1040 and 1040-95.

amount is also the clased in to 8x 1. It is volved to an automotical abs to the instructions for Forms 1040 and 1040-SR.

A.A.—Designated Roth contributions under a section 401(k) plan
B.—Designated Roth contributions under a section 403(b) plan
DD—Cost of employer-sponsored health coverage. The amount reported with Code DD is not tracible.

B. Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply one outsthetone Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-except organization section 457(b) plan. This amount does not apply to contributions under a tax-except organization section 457(b) plan.

The —Permitted benefits under a qualified small employer health ambusement arrangement
GG—Income from qualified equity grants under section 83(b)
H.—Aggregate defernals under section 83(b) elections as of the close of the calendar year
Box 13. If the "Retirement plan" box is othecked, special limits may apply to the amount of traditional
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Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the cleary's parsonage allowance and utilities.

withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable neone, educational assistance payments, or a member of the Cergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation. S200,000.

Box 8. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see the instructions for Forms 1040 and 1040-SR.

You must file Form 4137, Social Security and Medicare Tax on Increported Tip Income, with adequate your income tax return to report at least the allocated if paramout musts you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to

#### Form W-2 Wage and Tax Statement

#### 2020

Copy C, for employee's records

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 invoced on your if this income is taxable and you fail to report it.

									may be imposed	on you if this income is taxable and you fail
	d Control number Void 084-A8813848 0000000554-				Void	c Employer' ROSEI	s name, address, and ZIP code ΓCORP		Department of the Treasury - Internal Rever OMB No. 1545-0008	uue Service
81-22	b Employer's identification number 81-2226083 a Employee's social security number 890-62-5016		mber	39420 LIBERTY ST STE 258 FREMONT CA 94538			1 Wages, tips, other compensation 49696.00 2 Federal Income tax withheld 3708.  3 Social Security wages 4 Social Security tax withheld 1404.			
12 See li	12 See Instrs. for Box 12			96.96	SRAV <i>A</i> 2644 PC	AN KUMAR ANDE DPLARWOOD WAY OSE CA 95132		5 Medicare wages and tips 22650.00  7 Social Security tips  8 Allocated Tips  10 Dependent care benefits  11 Nonqualified plans		
									Verification Code	
15 State CA	Employer's 070-5511-		No.	16 State wages,		9696.00	17 State income tax 1769.78	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

## Form W-2 Wage and Tax Statement

#### 2020

2020

#### Copy B, to be filed with employee's FEDERAL tax return

	ol number 18813848	000	0000000554-			c Employer	's name, address, and ZIP code $TCORP$		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
81-22 13 Sta	226083 atutory ployee		890-62-5016 Retirement Third-party		39420 LIBERTY ST STE 258 FREMONT CA 94538				$ \begin{array}{c c} \hline 1 \text{ Wages, tips, other compensation} \\ \hline 49696.00 \\ \hline \end{array} \begin{array}{c} \text{2 Federal Income tax withheld} \\ \hline 3708. \\ \hline \end{array} $			
									ļ	22650.00		1404.30
12 See I	12 See Instrs. for Box 12 14 Other CASDI		4	96.96	SRAV <i>A</i> 2644 PO	AN KUMAR ANDE OPLARWOOD WAY OSE CA 95132		7 Social Sec	ent care benefits	Medicare tax withheld     Allocated Tips  11 Nonqualified plans	328.43	
15 State CA	070-551	er's state I.I   1-4	D. No.	16 State wages,		9696.00	17 State income tax	18 Local wages, tips, etc.	15	9 Local income tax	20 Locality name	

#### Form W-2 Wage and Tax Statement

### Copy 2, to be filed with employee's tax return for CA

d Control r	number	Void			Void	c Employer	s name, address, and ZIP code		Department of the Treasury - Internal Revenue Service					
0084-A8	8813848 (	0000	000554-			ROSEI	TCORP		OMB No. 1545-0008	ING OU FICE				
b Employe	b Employer's identification number a Employee's social security number				mber	39420 1	JBERTY ST STE 258		•					
81-222		890-62-5016				ONT CA 94538		1 Wages, tips, other compensation 49696.00	2 Federal Income tax withheld 3708.91					
13 Statu Emplo		Retirement Third-party plan sick pay							3 Social Security wages 22650.00	4 Social Security tax withheld 1404.30				
12 See Ins	strs. for Box 12	14 (	Other			e Employee	's name, address, and ZIP code		5 Medicare wages and tips	6 Medicare tax withheld				
		CA	SDI	4	96.96				22650.00	328.43				
						SRAV <i>A</i>	AN KUMAR ANDE		7 Social Security tips	8 Allocated Tips				
						2644 PC	OPLARWOOD WAY							
						SAN JO	OSE CA 95132		10 Dependent care benefits	11 Nonqualified plans				
									Verification Code	•				
15 State	Employer's st	ate I.D. I	No.	16 State wages,	tips, etc.		17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name				
CA	070-5511-4				49	9696.00	1769.78							