		-		1				A = B =		=	1 0 1			
Copy B To Be F FEDERAL Tax R					B No. 1545-00		Copy City,	or Local Inc	come	Tax Ret		OM	B No. 1545-000	
a Employee's SSN	1 Wages	, tips, othe	r comp. 3400.00	2 Federa	l income tax w	vithheld 528.00	a Emp	loyee's SSN	1 Wag	es, tips, ot	her comp. 23400.00	2 Federa	al income tax wi 3 5	thheld 28.00
787-01-6324	3 Social s	security wa	ages	4 Social :	security tax wi	ithheld	787	-01-6324	3 Soci	al security	wages	4 Social	security tax with	hheld
<b>b</b> Employer ID no. (EIN)		2	3400.00		14	450.80	<b>b</b> Emplo	oyer ID no. (EIN)			23400.00		14	50.80
27-3575584	5 Medicare wages and tips 6 Medicare		re tax withhel	d 339.30		3575584	5 Med	icare wage	s and tips 23400.00	6 Medica	are tax withheld 3	39.30		
c Employer's name, ad FRAANK SYS	ddress, and STEMS	ZIP code					c Emp FR	loyer's name, ad AANK SYS	ldress, a STEM	ind ZIP cod IS	de			
1613 S MA	IN ST	,SUIT	TE #104				16	13 S MA	IN S	T,SU	TE #104			
MILPITAS				CA	95035	-6270	MI	LPITAS				CA	95035-	6270
d Control number							d Conf	rol number						
e Employee's name, ad DEEPTHI KI 301 OLD CO BELMONT	RISHN	AN		CA	94002	Suff.	DE 30	loyee's name, ac EPTHI KI 1 OLD CO LMONT	RISH	NAN	de APT 201	CA	94002	Suff.
7 Social security tips	8	Allocated	tips	9			7 Socia	al security tips		8 Allocate	ed tips	9		
10 Dependent care bene	efits 11	Nonqualifi	ed plans	<b>12a</b> C	ode See inst.	for box 12	<b>10</b> Depe	endent care bene	efits	11 Nonqua	alified plans	<b>12a</b> C	ode See inst. fo	r box 12
13	14 Othe			<b>12b</b> C	ode		13		<b>14</b> Ot			<b>12b</b> C	ode	
Statutory employee	CA-S	DI	280.80		- 4 -		Statutory	employee	CA-	SDI	280.80			
Retirement Plan				<b>12c</b> C	ode		Retireme	nt Plan				<b>12c</b> C	ode	
reaction ran				<b>12d</b> C	ode		Troui cinc	ik i idii				<b>12d</b> C	ode	
Third-party sick pay							Third-par	ty sick pay						
CA 003-010	)3-6		2340	0.00	3	391.63	CA	003-010	3-6		2340	0.00	8	91.63
15 State Employer's st	tate ID nun	nber 16	6 State wages, tip	s, etc.	17 State inco	ome tax	15 State	Employer's stat	te ID nur	mber	16 State wages, tips	s, etc.	17 State incom	ne tax
18 Local wages, tips, etc	c. <b>19</b>	Local inco	ome tax	<b>20</b> Loca	ality name		18 Loca	al wages, tips, etc	C.	19 Local ir	ncome tax	20 Localit	y name	
Form W-2 Wage and Ta This information is being furni	x Statemer ished to the Ir	nt nternal Reve	nue Service.	1	Dept. of the T	reasury - IRS	Form W	/-2 Wage and Ta	x Stater	nent	<u>'</u>		Dept. of the Tre	easury - IRS

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.

perialty of other sametion me				riu you raii to	report it.				
Copy C For EM (See Notice to E	PLOYEE'	S RECOs).	RDS.	<b>20</b> 2	<b>21</b> B No. 1545-0008				
a Employee's SSN		tips, other c	omp.		Federal income tax withheld				
. ,		234	400.00	3528.00					
787-01-6324	3 Social security wages			4 Social security tax withheld					
<b>b</b> Employer ID no. (EIN)			400.00	1450.80					
. , . ,	5 Medicare	e wages and	l tips	6 Medicare tax withheld					
27-3575584		234	400.00	339.30					
c Employer's name, a FRAANK SY	ddress, and 2 STEMS	ZIP code							
1613 S MAIN ST, SUITE #104									
MILPITAS				CA	95035-6270				
d Control number									
e Employee's name, a DEEPTHI K 301 OLD C BELMONT	RISHNA	/N	T 201	CA	Suff. 94002				
7 Social security tips	8 /	Allocated tip	s	9					
10 Dependent care ben	efits 11 i	Nonqualified	plans	12a Code See inst. for box 12					
13	14 Other				12b Code				
Statutory employee	CA-SI	CA-SDI 280.80			12c Code				
Retirement Plan					120 0000				
Third party siak pay				<b>12d</b> Co	ode				
Third-party sick pay									
CA 003-01		2340	00.00	0.00 891.63					
I 15 State Employer's sta	r <b>16</b> S	tate wages, ti	os, etc.	17 State income tax					
18 Local wages, tips, e	tc. <b>19</b> I	Local incom	e tax	y name					

Form W-2 Wage and Tax Statement

REV 12/03/21 QBDT

Copy 2 To Be F City, or Local In			,	<b>21</b> IB No. 1545-0008			
a Employee's SSN	1 Wages, tips,	other comp.	2 Federa	2 Federal income tax withheld			
u Employee e cort		23400.00		3528.00			
787-01-6324	3 Social secur	ity wages	4 Social	4 Social security tax withheld			
<b>b</b> Employer ID no. (EIN)	1	23400.00	)	1450.80			
, , , , ,	5 Medicare wa			6 Medicare tax withheld			
27-3575584		23400.00	)	339.30			
c Employer's name, a FRAANK SY	ddress, and ZIP STEMS	code					
1613 S MA	IN ST,S	UITE #104					
MILPITAS CA 95035-6270							
d Control number							
DEEPTHI K 301 OLD C BELMONT		D APT 201	CA	94002			
7 Social security tips	8 Alloc	cated tips	9	9			
10 Dependent care ben	efits 11 None	qualified plans	<b>12a</b> C	12a Code See inst. for box 12			
13	14 Other		<b>12b</b> C	12b Code			
Statutory employee	CA-SDI	280.8		12c Code			
Retirement Plan			12d C	<b>12d</b> Code			
Third-party sick pay			.24.0				
CA 003-01	03-6	234	00.00	0.00 891.6			
		1		os, etc. 17 State income tax			
I 15 State Employer's sta	te ID number	16 State wages,	tips, etc.	17 State income tax			
15 State Employer's sta 18 Local wages, tips, e		16 State wages, al income tax	20 Localit				