a Employee's social security number	1 Wages, tips, other compensation	2 Federal income tax withheld			
651-41-4455	104489.60	18150.96			
	3 Social security wages	4 Social security tax withheld			
b Employer identification number (EIN)					
34-1999165	5 Medicare wages and tips	6 Medicare tax withheld			
		0.00			
c Employer's name, address, and ZIP of	ode				
OrangePeople LLC					
300 Spectrum C	enter Drive				
Irvine, CA, 92	618				
d Control number 867709-6097171					
e Employee's name address and ZIP code					
Monica Satyan					
	ve, Apt R-201				
Fremont, CA,	94538				
7 Social security tips	8 Allocated tips	9			
, ,					
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12			
		DD 4784.38			
13	14 Other	120			
Statutory employee	CA SDI 1253.90	12c			
		C 9 8			
Retirement		12d			
Third-party		12e			
☐ sick pay		9			
CA 265-3404-	0 104489.60	7060.10			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax			
18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
Copy B To Be Filed With Employee's FEDERAL Tax Return.					

Form W-2 Wage and Tax Statement

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Department of the Treasury— Internal Revenue Service

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 imposed on you if this income is taxable and you fall to report it.

10 Dependent care benefits  13  Statutory employee  Petirement plan  Third-party sick pay  CA 265-3404- 15 State Employer's state ID number 18 Local wages, tips, etc.  Copy C For EMPLOYEE'S RECORI	16 State wages, tips, etc.  19 Local income tax	12a See instructions for box 12 12b 4784.38 12b 12c 12c 12c 12c 12c 11c 11c 11c 11c 11c
13  Statutory employee  Retirement plan  Third-party  CA  265-3404-  15 State  Employer's state ID number	14 Other CA SDI 1253.90  0 104489.60 16 State wages, tips, etc.	\$\text{12b}{\text{12b}{\text{12b}{\text{12c}
13  Statutory employee  Retirement plan  Third-party  CA  265-3404-  15 State  Employer's state ID number	14 Other CA SDI 1253.90  0 104489.60 16 State wages, tips, etc.	\$\text{12b}{\text{12b}{\text{12b}{\text{12c}
13  Statutory employee  Retirement plan  Third-party  CA  265-3404-	14 Other CA SDI 1253.90 0 104489.60	\$\text{DD} \ 4784.38
13  Statutory employee  Retirement plan  Third-party sick pay	14 Other CA SDI 1253.90	DD 4784.38
13  Statutory employee  Palm Petirement plan  Third-party	14 Other	DD 4784.38
13 Statutory amployee	14 Other	DD 4784.38
13 Statutory employee	14 Other	DD 4784.38
13	14 Other	DD 4784.38
		DD 4784.38
10 Dependent care benefits	11 Nonqualified plans	
7 Social security tips	8 Allocated tips	9
Monica Satyar	ni Ave, Apt R-201	
e Employee's name address and ZIP or		
d Control number 867709-609717	 71	
300 Spectrum C Irvine, CA, 92		
OrangePeople L		
c Employer's name, address, and ZIP co	ode	
34-1999165	5 Medicare wages and tips	6 Medicare tax withheld 0.00
04 100015	1	
b Employer identification number (EIN)		
. ,	104489.60  3 Social security wages	18150.96  4 Social security tax withheld

Form W-2 Wage and Tax Statement ≥ zenefits 2021

Department of the Tre Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return. This information is being furnished to the Internal Revenue Service.

a Employee's social security number $651-41-4455$	1 Wages, tips, other compensation 104489.60	Federal income tax withheld 18150.96		
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld		
34-1999165	5 Medicare wages and tips	6 Medicare tax withheld 0.00		
c Employer's name, address, and ZIP co	ode			
OrangePeople Li	LC			
300 Spectrum Center Drive Irvine, CA, 92618				
d Control number 867709-609717	1			
e Employee's name address and ZIP code				
Monica Satyani 2000 Walnut Ave, Apt R-201 Fremont, CA, 94538				
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 2 DD 4784.38		
13	14 Other	12b		
Statutory employee	CA SDI 1253.90	12c		
Retirement		12d		
Third-party sick pay		12e		
CA 265-3404-		, , , , , ,		
15 State Employer's state ID number  18 Local wages, tips, etc.	16 State wages, tips, etc.  19 Local income tax	17 State income tax 20 Locality name		
To Local wages, ups, oto.	TO ESSER HOOMS HAN	20 Locardy Hallie		
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.				
Form W-2 Wage and Tax Statement  Note: Treasury— Internal Revenue Service  Department of the Treasury— Internal Revenue Service				

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return. This information is being furnished to the Internal Revenue Service.

a Employee's social security number $651-41-4455$	1 Wages, tips, other compensation 104489.60	2 Federal income tax withheld 18150.96		
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld		
34-1999165	5 Medicare wages and tips	6 Medicare tax withheld 0 . 0 0		
c Employer's name, address, and ZIP co	ode			
OrangePeople L1	LC			
300 Spectrum Ce Irvine, CA, 920				
d Control number 867709-609717	1			
e Employee's name address and ZIP co	ode			
Monica Satyani 2000 Walnut Ave, Apt R-201 Fremont, CA, 94538				
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 2 DD   4784.38		
13	14 Other	12b		
Statutory employee	CA SDI 1253.90	12c		
Retirement plan		12d		
Third-party sick pay		12e		
CA 265-3404-	104489.60	7060.10		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.				

