


a Employee's social security number 490-57-8288		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 95-2409649				1 Wages, tips, other compensation 62524.11		2 Federal income tax withheld 10500.52				
c Employer's name, address, and ZIP code SCAG 900 Wilshire Blvd., Ste. 1700 Los Angeles, CA 90017				3 Social security wages 0.00		4 Social security tax withheld 0.00				
				5 Medicare wages and tips 66520.36		6 Medicare tax withheld 964.55				
				7 Social security tips 0.00		8 Allocated tips 0.00				
d Control number				9		10 Dependent care benefits 0.00				
e Employee's name, address, and ZIP code ROHITH JANUMPALLY 134 SPECTACLE IRVINE, CA 92618				11 Nonqualified plans 0.00		12a See instructions for box 12				
				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b				
				14 Other		12c				
						12d				
15 State Employer's state ID number CA 93201077		16 State wages, tips, etc. 62524.11		17 State income tax 4501.22		18 Local wages, tips, etc.		19 Local income tax		20 Locality name

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

2021

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

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Form **W-2** Wage and Tax Statement
 Copy 1—For State, City, or Local Tax Department
 Copy D—For Employer.

2021

Department of the Treasury—Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.