

**Copy B To Be Filed With Employee's FEDERAL Tax Return**

a Employee's social security no. <b>XXX-XX-9593</b>	1 Wages, tips, other compensation <b>3,918.57</b>	2 Federal income tax withheld	
b Employer's identification no. <b>13-5123390</b>	3 Social security wages <b>3,918.57</b>	4 Social security tax withheld <b>242.95</b>	
d Control Number <b>2022B50663</b>	5 Medicare wages and tips <b>3,918.57</b>	6 Medicare tax withheld <b>56.82</b>	
c Employer's name, address and ZIP code  <b>THE GUARDIANLIFE INSURANCE COMPANY OF AMERICA, INC. 7 HANOVERSQUARE NEW YORK NY 10004</b>			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for Box 12	
12b	12c	12d	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input checked="" type="checkbox"/>	14 Other
e Employee's first name and initial Last name Suff.  <b>PRIYA GANAPATHIRAJA VIJAYA 4788 STRATFORD AVENUE FREMONT CA 94538</b>			
f Employee's address and Zip code			
15 State Employer's state ID No. <b>CA 01603224</b>	16 State Wages, Tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

**Copy C For EMPLOYEE'S RECORDS**

a Employee's social security no. <b>XXX-XX-9593</b>	1 Wages, tips, other compensation <b>3,918.57</b>	2 Federal income tax withheld	
b Employer's identification no. <b>13-5123390</b>	3 Social security wages <b>3,918.57</b>	4 Social security tax withheld <b>242.95</b>	
d Control Number <b>2022B50663</b>	5 Medicare wages and tips <b>3,918.57</b>	6 Medicare tax withheld <b>56.82</b>	
c Employer's name, address and ZIP code  <b>THE GUARDIANLIFE INSURANCE COMPANY OF AMERICA, INC. 7 HANOVERSQUARE NEW YORK NY 10004</b>			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for Box 12	
12b	12c	12d	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input checked="" type="checkbox"/>	14 Other
e Employee's first name and initial Last name Suff.  <b>PRIYA GANAPATHIRAJA VIJAYA 4788 STRATFORD AVENUE FREMONT CA 94538</b>			
f Employee's address and Zip code			
15 State Employer's state ID No. <b>CA 01603224</b>	16 State Wages, Tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

**Copy 1 For State, City, or Local Tax Department**

a Employee's social security no. <b>XXX-XX-9593</b>	1 Wages, tips, other compensation <b>3,918.57</b>	2 Federal income tax withheld	
b Employer's identification no. <b>13-5123390</b>	3 Social security wages <b>3,918.57</b>	4 Social security tax withheld <b>242.95</b>	
d Control Number <b>2022B50663</b>	5 Medicare wages and tips <b>3,918.57</b>	6 Medicare tax withheld <b>56.82</b>	
c Employer's name, address and ZIP code  <b>THE GUARDIANLIFE INSURANCE COMPANY OF AMERICA, INC. 7 HANOVERSQUARE NEW YORK NY 10004</b>			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for Box 12	
12b	12c	12d	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input checked="" type="checkbox"/>	14 Other
e Employee's first name and initial Last name Suff.  <b>PRIYA GANAPATHIRAJA VIJAYA 4788 STRATFORD AVENUE FREMONT CA 94538</b>			
f Employee's address and Zip code			
15 State Employer's state ID No. <b>CA 01603224</b>	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, State, City, or Local Income Tax Return**

a Employee's social security no. <b>XXX-XX-9593</b>	1 Wages, tips, other compensation <b>3,918.57</b>	2 Federal income tax withheld	
b Employer's identification no. <b>13-5123390</b>	3 Social security wages <b>3,918.57</b>	4 Social security tax withheld <b>242.95</b>	
d Control Number <b>2022B50663</b>	5 Medicare wages and tips <b>3,918.57</b>	6 Medicare tax withheld <b>56.82</b>	
c Employer's name, address and ZIP code  <b>THE GUARDIANLIFE INSURANCE COMPANY OF AMERICA, INC. 7 HANOVERSQUARE NEW YORK NY 10004</b>			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for Box 12	
12b	12c	12d	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input checked="" type="checkbox"/>	14 Other
e Employee's first name and initial Last name Suff.  <b>PRIYA GANAPATHIRAJA VIJAYA 4788 STRATFORD AVENUE FREMONT CA 94538</b>			
f Employee's address and Zip code			
15 State Employer's state ID No. <b>CA 01603224</b>	16 State Wages, Tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

