

2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy

W-2 Wage and Tax Statement 2022

Copy C for employee's records. OMB No. 1545-0008

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|--|--|--|------------|----------------------------|--|
| d Control number 0000025869 VF8 | | Dept. DRQ8 | Corp. S | Employer use only 34650 | |
| c Employer's name, address, and ZIP code KAISER FOUNDATION HOSPITALS ONE KAISER PLAZA OAKLAND, CA 94612 | | | | | |
| e/f Employee's name, address, and ZIP code SHARON L CHETTUPALLY 1866 E FIR AVE APT 203 FRESNO, CA 93720 | | | | | |
| b Employer's FED ID number 94-1105628 | | a Employee's SSA number XXX-XX-9440 | | | |
| 1 Wages, tips, other comp. 276333.16 | 2 Federal income tax withheld 57625.46 | | | | |
| 3 Social security wages 147000.00 | 4 Social security tax withheld 9114.00 | | | | |
| 5 Medicare wages and tips 296833.16 | 6 Medicare tax withheld 5175.58 | | | | |
| 7 Social security tips | 8 Allocated tips | | | | |
| 9 | 10 Dependent care benefits | | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 D 20500.00 | | | | |
| 14 Other 1601.60 CA SDI | 12b DD 9874.44 | | | | |
| | 12c | | | | |
| | 12d | | | | |
| | 13 Stat emp. Ret. plan 3rd party sick pay X | | | | |
| 15 State CA 910-0044 8 | 16 State wages, tips, etc. 276333.16 | | | | |
| 17 State income tax 23200.19 | 18 Local wages, tips, etc. | | | | |
| 19 Local income tax | 20 Locality name | | | | |

SHARON L CHETTUPALLY
1866 E FIR AVE APT 203
FRESNO, CA 93720

Social Security Number: XXX-XX-9440



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PAGE 01 OF 01

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Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

CA. State Filing Copy

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Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

City or Local Filing Copy

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