	Social Security Number
ox 2 Amount is for Tax Year	4. Federal Income Tax Withheld \$0.00
2 Benefits Repaid \$0.00 or Year(s) Benefits Repaid \$0.00	
	r Year(s) Benefits Repaid

COPY B FOR RECIPIENT	FORM REPORT OF TAXABLE U	OMB NO. 1545-0120 2022 Rev. January 2022		
Employment Development Department Unemployment insurance Integrity and Accounting Division - MIC 16A P.O. Box 2408 Rancho Cordova, CA 95741-2408		Recipient's Name PUNEET K DHINDSA		Social Security Number
Payer's Federal ID No. 94-2650401 1. Unemployment Compensation-Paid Family		State or Local Income Tax Refunds, Credits, or Offsets	3. Box 2 Amount is for Tax Year	4. Federal Income Tax Withheld \$0.00
Leave (UC-PFL) \$3,672		PFL Payments PFL \$ 3,672	2022 Benefits Repaid (a) \$0.00 Prior Year(s) Benefits Repaid (b) \$0.00	
This is important tax in be imposed on you if the	formation and is being f iis income is taxable and	iurnished to the IRS. If you are requ d the IRS determines that it has not	ired to file a return, a negligence pen	alty or other sanction may

B