b Employer identification number (EIN) c Employer's name, address, and ZIP code		12a See instructions for Box 12	1 Wages, tips, other compensation		
c Employer's name, address, and ∠IP code		12b	111416.90 3 Social security wages	18955.95 4 Social security tax withheld	
ROBERT HALF INC. A ROBERT HALF COMPANY		12c	111416.90	6907.85	
2613 CAMINO RAMON SAN RAMON, CA 94583			12d ,	5 Medicare wages and tips 111416.90	6 Medicare tax withheld 1615.55
•			C 6 8 8	7 Social security tips	8 Allocated tips
alf Employagis name address and 710	da		12e	9	10 Dependent care benefits
eff Employee's name, address, and ZIP code		This information is being furnished to the Internal Revenue Service	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan slok pay	
AJAY R EEGA APT 36		Copy B—To Be Filed	14 Other		
750 SYLVAN AVE MOUNTAIN VIEW, CA 94041-2555			With Employee's	CASDI	1002.75
MOUNTAIN VIEW, CA 94041-2555		FEDERAL Tax Return			
REISSUED STATEMENT Import Code: XJPFN5NJ		a Employee's social security number ***-**-7240			
15 State Employer's state ID number		17 State income tax 8167.11	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CA 188617990000	111410.90	0107.11			
Form W-2 Wage and Tax Statement 202	3 Department of the T	reasury-Internal Revenue Service	OMB # 1545-0008	Copy B — To Be Filed	With Employee's FEDERAL Tax Return
b Employer identification number (EIN)	94-1648752		12a	1 Wages, tips, other compensation	
c Employer's name, address, and ZIP code			12b	111416.90 3 Social security wages	18955.95 4 Social security tax withheld
ROBERT HALF INC.			12c ,	111416.90	6907.85
A ROBERT HALF COMPANY 2613 CAMINO RAMON SAN RAMON, CA 94583		•	5 Medicare wages and tips 111416.90	6 Medicare tax withheld 1615.55	
		12d	7 Social security tips	8 Allocated tips	
			12e	9	10 Dependent care benefits
elf Employee's name, address, and ZIP code				11 Nongualitied plans	
			11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay	
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			State, City, or Local	CASDI	1002.75
			Income Tax Return a Employee's social security number		
REISSUED STATEMENT	r	Import Code: XJPFN5NJ	***-**-7240		
15 State Employer's state ID number CA 188617990000	16 State wages, tips, etc. 111416.90	17 State income tax 8167.11	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CA 100017990000	111410.50	0107.11			
Form W-2 Wage and Tax Statement 202	Department of the	Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 — To Be Filed With Employee's	State, City, or Local Income Tax Return
b Employer identification number (EIN)	04 1640750		12a	1 Wages, tips, other compensation	2 Federal income tax withheld
	94-1648752		9	111416 90	18955 95
c Employer's name, address, and ZIP code	94-1048/52		12b	111416.90 3 Social security wages	18955.95 4 Social security tax withheld
c Employer's name, address, and ZIP code ROBERT HALF INC. A ROBERT HALF COMPAN	<u> </u>		12b 12c	3 Social security wages 111416.90	4 Social security tax withheld 6907.85
c Employer's name, address, and ZIP code ROBERT HALF INC.	<u> </u>		C 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 Social security wages	4 Social security tax withheld
c Employer's name, address, and ZIP code ROBERT HALF INC. A ROBERT HALF COMPAN 2613 CAMINO RAMON	<u> </u>		12c 12d	3 Social security wages	4 Social security tax withheld 6907.85 6 Medicare tax withheld
c Employer's name, address, and ZIP code ROBERT HALF INC. A ROBERT HALF COMPAN 2613 CAMINO RAMON	NY		12c	3 Social security wages	4 Social security tax withheld 6907.85 6 Medicare tax withheld 1615.55
c Employer's name, address, and ZIP code ROBERT HALF INC. A ROBERT HALF COMPAN 2613 CAMINO RAMON SAN RAMON, CA 94583	NY		12c 12d	3 Social security wages	4 Social security tax withheld 6907.85 6 Medicare tax withheld 1615.55 8 Allocated tips 10 Dependent care benefits
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