

Copy B-To Be Filed With Employee's FEDERAL Tax Return.		Tax Year <b>2023</b> OMB No. 1545-0008	
a. Employee's social security number *****8619	1 Wages, tips, other comp. \$125.00	2 Federal income tax withheld \$0.00	
b. Employer ID number (EIN) 36-0883760	3 Social security wages \$125.00	4 Social security tax withheld \$7.75	
d. Control number	5 Medicare wages and tips \$125.00	6 Medicare tax withheld \$1.80	
7 Social security tips \$0.00	8 Allocated tips \$0.00	9	
c. EMPLOYER'S name, address, and ZIP code RELiance STANDARD LIFE INS. CO. CLAIMS 1700 MARKET STREET SUITE 1200 PHILADELPHIA, PA 19103-3938 800-351-7500			
e. EMPLOYEE'S name, address, and ZIP code KAWAL P KAUR 150 AZZURO CT MORGAN HILL, CA 95037			
10 Dependent care benefits \$0.00	11 Nonqualified plans \$0.00	See instructions for box 12	
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input checked="" type="checkbox"/>	14 Other 100.00%	12a \$0.00	12b \$0.00
		12c \$0.00	12d \$0.00
		12e \$0.00	
15 State/Employer's state ID CA/337-8125-3	16 State wages, tips, etc. \$125.00	17 State income tax \$0.00	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service  
This information is being furnished to the Internal Revenue Service.

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.			Tax Year <b>2023</b> OMB No. 1545-0008		
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Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service

Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		Tax Year <b>2023</b> OMB No. 1545-0008	
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Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service  
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

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