	With Employee's FEDERAL	- Tax Year 2023		Vith Employee's State, City	y, Tax Year 2023
Tax Return.		OMB No. 1545-0008	or Local Income Tax		OMB No. 1545-0008
Employee's social security number *****8619	1 Wages, tips, other comp. \$125.00	2 Federal income tax withheld \$0.00	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)		4 Social security tax withheld	b. Employer ID number (EIN)		4 Social security tax withheld
36-0883760 d. Control number	\$125.00 5 Medicare wages and tips	\$7.75 6 Medicare tax withheld	36-0883760 d. Control number	\$125.00 5 Medicare wages and tips	\$7.75 6 Medicare tax withheld
7 Social security tips	\$125.00 8 Allocated tips	\$1.80	7 Social security tips	\$125.00 8 Allocated tips	\$1.80
\$0.00	\$0.00		\$0.00	\$0.00	
c. EMPLOYER'S name, addn RELIANCE STANDAR CLAIMS 1700 MARKET STRE PHILADELPHIA, PA 800-351-7500 e. EMPLOYEE'S name, addn KAWAL P KAUR 150 AZZURO CT MORGAN HILL, CA 9 10 Dependent care benefits \$0.00 13 Statutory employee Retirement plan Third-party sick pay X 15 State/Employer's state ID	\$0.00 ess, and ZIP code RD LIFE INS. CO. ET SUITE 1200 19103-3938 ess, and ZIP code 15037 11 Nonqualified plans \$0.00 14 Other 100.00%	See instructions for box 12	s0.00 c. EMPLOYER'S name, address RELIANCE STANDAR CLAIMS 1700 MARKET STRE PHILADELPHIA, PA 1 800-351-7500 e. EMPLOYEE'S name, address KAWAL P KAUR 150 AZZURO CT MORGAN HILL, CA 9 10 Dependent care benefits \$0.00 13 Statutory employee Retirement plan Third-party sick pay 15 State/Employer's state ID	\$0.00 ess, and ZIP code RD LIFE INS. CO. ET SUITE 1200 19103-3938 ess, and ZIP code 11 Nonqualified plans \$0.00 14 Other , 100.00%	12a \$0.00 12b \$0.00 12c \$0.00 12d \$0.00 12e \$0.00
CA/337-8125-3	\$125.00	\$0.00	CA/337-8125-3	\$125.00	\$0.00
Copy C-For EMPLOY to Employee on the b a. Employee's social security number *****8619 b. Employer ID number (EIN) 36-0883760 d. Control number 7 Social security tips	/EE'S RECORDS (See No ack of Copy B.) 1 Wages, tips, other comp. \$125.00 3 Social security wages \$125.00 5 Medicare wages and tips \$125.00 8 Allocated tips		a. Employee's social security number *****8619 b. Employer ID number (EIN) 36-0883760 d. Control number	Vith Employee's State, City Return. 1 Wages, tips, other comp. \$125.00 3 Social security wages \$125.00 5 Medicare wages and tips \$125.00 8 Allocated tips	y, Tax Year 2023 OMB No. 1545-0008 2 Federal income tax withheld \$0.00 4 Social security tax withheld \$7.75 6 Medicare tax withheld \$1.80
\$0.00 c. EMPLOYER'S name, addr			\$0.00 c. EMPLOYER'S name, addre	\$0.00 ess, 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			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		
10 Dependent care benefits \$0.00 13 Statutory employee Retirement plan Third-party sick pay X 15 State/Employer's state ID	11 Nonqualified plans \$0.00 14 Other 100.00% 16 State wages, tips, etc.	See instructions for box 12 12a	10 Dependent care benefits \$0.00 13 Statutory employee Retirement plan Third-party sick pay X 15 State/Employer's state ID	11 Nonqualified plans \$0.00 14 Other 100.00% 16 State wages, tips, etc.	12a \$0.00 12b \$0.00 12c \$0.00 12d \$0.00 12e \$0.00
CA/337-8125-3	\$125.00	\$0.00	CA/337-8125-3	\$125.00	\$0.00
18 Local wages, tips, etc. Form W-2 Wage and Tax \$	19 Local income tax Statement — Department of the T	20 Locality name	18 Local wages, tips, etc. Form W-2 Wage and Tax \$	19 Local income tax Statement Department of the T	20 Locality name Treasury - Internal Revenue Service