	e's social security number -96-0915	OMB No. 154	5-000	Safe, accurate, FAST! Use	+1	ile)		IRS website at a.gov/efile.	
b Employer identification number (EIN)			1 \	Wages, tips, other compensation	2	2 Federal income tax withheld			
90-1779931				7718.62		0.00			
c Employer's name, address, and ZIP code SHREYUS INDIAN SUPPERMARKET INC			3	Social security wages 7718.62	4	4 Social security tax withheld 478.55			
853 HAGEN CT			5 Medicare wages and tips			6 Medicare tax withheld			
FOLSOM, CA 95630			7718.62 7 Social security tips			111.92 8 Allocated tips			
d Control number			91		10	10 Dependent care benefits			
e Employee's name, address, and ZIP code			11	Nonqualified plans	12	a See instr	ructions	for box 12	
SHYLAJA MUPPIDI					8				
853 HAGEN CT			13	Statutory Retirement Third-party employee plan Sick pay	12				
FOLSOM, CA 95630			14 (Other	12	•			
Jr. g					12	d			
					150	14.24.24	(F. 7.		
15 State Employer's state ID number CA 141-1218-9	16 State wages, tips, etc. 7718.62	17 State Income ta 0.00		tax 18 Local wages, tips, etc. 1		9 Local income tax		20 Locality name	
Form W-2 Wage and Tax Statement				Department	of the T	freasury—In	iternal R	evenue Service	

Form W-2 Wage and Tax Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Employee	e's social security number	OMB No. 1545-0	008	Safe, accurate, FAST! Use	IRSP -	fil	Visit the www.irs	IRS website at .gov/efile.	
b Employer identification number (EIN)			1 Wa	ages, tips, other con	npensation	2 Fe	deral income ta	x withheld	
c Employer's name, address, and ZIP code			3 Social security wages				4 Social security tax withheld		
			6 Medicare wages and tips				6 Medicare tax withheld		
			7 Social security tips			8 Allocated tips			
d Control number			9			10 Dependent care benefits			
e Employee's name, address, and ZIP code			11 Nonqualified plans			12a See instructions for box 12			
		1	3 State	tutory Retirement plan	Third-party sick pay	12b			
			4 Oth	ner					
						12d	İ		
				140 11	l	4	TANDESCO	20 Locality name	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income t	e tax 18 Local wages, tips, etc.		s, ups, etc.	19 Local income tax			
							Christian de		

Form W-2 Wage and Tax Statement

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Department of the Treasury-Internal Revenue Service