FORM W-2 Wage and Tax Statement

Copy C For EMPLOYEE'S RECORDS (See notice on back of copy 2)

Dept. 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.

These If you w	e substitute W-2 Wa orked in multiple loc	ges and Tax Stations, or had s	atements are several form:	s of special con	npensatio	n, you may receive mor	e than one	of these docum	ns. ents.	
by perforation forms, include	f your W-2 are o ons. General ins ding an explanat 12 are on the of	structions for the struction of the structure of the stru	or these letter cod	des						
REISSUED										
D. CONTROL NUMBER	STATEMENT This information is being furnis to the Internal Revenue Servic	shed 202		NO. 1545-0008	i	s, TIPS, OTHER COMPENSATION 89395.30		2 FEDERAL INCOM	11921.59	
B. EMPLOYER IDENTIFICATION 95-4465932 C. EMPLOYER'S NAME, ADDR			YEE'S SOCIAL SEC X – XX – 09	CURITY NUMBER	SOCIAL SECURITY WAGES MEDICARE WAGES AND TIPS			4 SOCIAL SECURIT 6 MEDICARE TAX V		
CONSUMERINFO CO 475 ANTON BLVD	OM INC BLDG D					7 SOCIAL SECURITY TIPS			8 ALLOCATED TIPS	
COSTA MESA, CA	COSTA MESA, CA 92626-7037		13 Statutory Retirement Third-Party Employee Plan Sick Pay		9			10 DEPENDANT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AKSHAY GANE 1369 COYOTE WAY	<u> </u>	SUFF.		11 NONQU	JALIFIED PLANS	D		2651.10 599.82 26.52		
MILPITAS, C F. EMPLOYEE'S ADDRESS AN 15 STATE EMPLOYER'S S	ND ZIPCODE	16 STATE WAGES,	TIPS.ETC.	17 STATE INCOME	E TAX	18 LOCAL WAGES, TIPS, ETC	. 19 LOCA	DD L INCOME TAX	9920.88 20 LOCALITY NAME	
CA 424313			95.12		90.54					
D. CONTROL NUMBER	This information is being	J furnished			1 WAGES	TIPS, OTHER COMPENSATION	FOLD A	2 FEDERAL INCOME		
	EMPLOYER IDENTIFICATION NUMBER A.			D. 1545-0008	3 SOCIAL S	89395.30 3 SOCIAL SECURITY WAGES			11921.59 Y TAX WITHHELD	
C. EMPLOYER'S NAME, AD	95-4465932 XXX-XX-0962 EMPLOYER'S NAME, ADDRESS AND ZIP CODE				5 MEDICARE WAGES AND TIPS			6 MEDICARE TAX WITHHELD		
CONSUMERINFO COM INC 475 ANTON BLVD BLDG D COSTA MESA, CA 92626-7037					7 SOCIAL S	SECURITY TIPS		8 ALLOCATED TIPS	3	
COSTA MESA	CA 92020-1		י ממווקה י	STATEMENT	9			10 DEPENDANT CARE	BENEFITS	
E. EMPLOYEE'S FIRST NAME A AKSHAY GANI			122011	SIAIEMENI SUFF.	11 NONQUA	ALIFIED PLANS	19199999999999999	^{12 a-d} D W	2651.10 599.82	
1369 COYOTE CREEK WAY				ļ	14 OTHER CA SDI 833.58			C 26.52 DD 9920.88		
MILPITAS, (D ZIPCODE							13 Statutory Employee	Retirement X Third-Party Plan X Sick pay	
15 STATE EMPLOYER'S ST CA 4243133	8		95.12	17 STATE INCOME T. 5090	^{TAX} 0.54	18 LOCAL WAGES, TIPS, ETC.		INCOME TAX	20 LOCALITY NAME	
Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return FORM W-2 Wage and Tax Statement 202								the Treasury - I D TEAR ALONG P	nternal Revenue Service	
D. CONTROL NUMBER	This information is being to the Internal Revenue S	Service		D. 1545-0008		TIPS, OTHER COMPENSATION 89395.30		2 FEDERAL INCOME	11921.59	
B. EMPLOYER IDENTIFICATION 95-4465932 C. EMPLOYER'S NAME, ADI			SOCIAL SECURITY	-		ECURITY WAGES		4 SOCIAL SECURITY 6 MEDICARE TAX V		
CONSUMERINFO COM INC 475 ANTON BLVD BLDG D						ECURITY TIPS		8 ALLOCATED TIPS		
COSTA MESA, CA 92626-7037					9			10 DEPENDANT CARE BENEFITS		
REISSUED STATEMENT E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. AKSHAY GANESH 1369 COYOTE CREEK					11 NONQUA	LIFIED PLANS		^{12 a-d} D W	2651.10 599.82	
WAY MILPITAS, C	'A 95035					CA SDI	833.58	C DD 13 Statutory	26.52 9920.88 Retirement X Third-Party Plan X Sick pay	
F. EMPLOYEE'S ADDRESS AND 15 STATE EMPLOYER'S ST CA 4243133	ATE I.D. NO.	16 STATE WAGES, T		17 STATE INCOME TA		18 LOCAL WAGES, TIPS, ETC.	19 LOCAL I	Employee	Plan X Sick pay 20 LOCALITY NAME	
-	5	899	95.12		0.54					
Copy 2 To be filed wit	h Employee's STATE	, CITY or LOCA	_ tax return		023		Dept. of	the Treasury - I	nternal Revenue Service	
Copy 2 To be filed wit FORM W-2 Wage			L tax return		023		·	the Treasury - I		
FORM W-2 Wage		ement				TIPS, OTHER COMPENSATION	·		PERFORATION	
FORM W-2 Wage D. CONTROL NUMBER B. EMPLOYER IDENTIFICATION 95-4465932	This information is being to the Internal Revenue S	ement g furnished Service A. EMPLOYEE'S S		2	1 WAGES,	TIPS, OTHER COMPENSATION 89395.30 ECURITY WAGES	·	D TEAR ALONG F	TAX WITHHELD 11921.59	
FORM W-2 Wage D. CONTROL NUMBER B. EMPLOYER IDENTIFICATION 95-4465932 C. EMPLOYER'S NAME, ADI CONSUMERIN 475 ANTON	This information is being to the Internal Revenue S NUMBER DRESS AND ZIP CODE FO COM INC BLVD BLDG D	ement grumished Service A. EMPLOYEE'S : XXX-2	OMB NO.	2	1 WAGES , 3 SOCIAL SI 5 MEDICARI	89395.30	·	D TEAR ALONG F	PERFORATION TAX WITHHELD 11921.59 (TAX WITHHELD WITHHELD	
FORM W-2 Wage D. CONTROL NUMBER B. EMPLOYER IDENTIFICATION 95-4465932 C. EMPLOYER'S NAME, ADI CONSUMERIN 475 ANTON	This information is being to the Internal Revenue S NUMBER DRESS AND ZIP CODE FO COM INC	ement service A. EMPLOYEE'S : XXX-2 0 7037	OMB NO. SOCIAL SECURITY XX-0962	2	1 WAGES, ¹ 3 SOCIAL SI 5 MEDICARI 7 SOCIAL SI 9	89395.30 DECURITY WAGES THE WAGES AND TIPS	·	D TEAR ALONG F 2 FEDERAL INCOME 4 SOCIAL SECURIT 6 MEDICARE TAX V	PERFORATION TAX WITHHELD 11921.59 (TAX WITHHELD //TTHHELD	
FORM W-2 Wage D. CONTROL NUMBER B. EMPLOYER IDENTIFICATION 95-4465932 C. EMPLOYER'S NAME, ADI CONSUMERIN 475 ANTON D COSTA MESA E. EMPLOYEE'S FIRST NAME A AKSHAY GANE 1369 COYOTE WAY	This information is being to the Internal Revenue S NUMBER DRESS AND ZIP CODE FO COM INC BLVD BLDG D , CA 92626-7 ND INITIAL LAST NAME ESH E CREEK	ement service A EMPLOYEES (XXX-5 0 7037 RE 1	OMB NO. SOCIAL SECURITY XX-0962	2 0. 1545-0008 (NUMBER	1 WAGES, ¹ 3 SOCIAL SI 5 MEDICARI 7 SOCIAL SI 9	89395.30 DECURITY WAGES THE WAGES AND TIPS	·	D TEAR ALONG F 2 FEDERAL INCOME 4 SOCIAL SECURIT 6 MEDICARE TAX V 8 ALLOCATED TIPS	PERFORATION TAX WITHHELD 11921.59 (TAX WITHHELD //TTHHELD	
FORM W-2 Wage D. CONTROL NUMBER B. EMPLOYER IDENTIFICATION 95-4465932 C. EMPLOYER'S NAME, ADI CONSUMERIN 475 ANTON D COSTA MESA E. EMPLOYEE'S FIRST NAME A AKSHAY GANE 1369 COYOTE	This information is being to the Internal Revenue S NUMBER DRESS AND ZIP CODE FO COM INC BLVD BLDG D , CA 92626-7 ND INITIAL LAST NAME ESH E CREEK CA 95035 DZIPCODE	ement service A EMPLOYEES (XXX-5 0 7037 RE 1	OMB NO SOCIAL SECURITY XX-0962	2 0. 1545-0008 (NUMBER STATEMENT	1 WAGES, 3 SOCIAL SI 5 MEDICARI 7 SOCIAL SI 9 11 NONGUA 14 OTHER	89395.30 ECURITY WAGES IE WAGES AND TIPS IECURITY TIPS	FOLD AN	D TEAR ALONG F 2 FEDERAL INCOME 4 SOCIAL SECURIT 6 MEDICARE TAX V 8 ALLOCATED TIPS 10 DEPENDANT CARE 12 a-d D W C DD 13 Statutory Employee	ERFORATION TAX WITHHELD 11921.59 (TAX WITHHELD MITHHELD BENEFITS 2651.10 599.82 26.52	

Copy B To be filed with Employee's FEDERAL tax return FORM **W-2 Wage and Tax Statement**

2023

W-2 AND WAGE SUMMARY

Dept. of the Treasury - Internal Revenue Service

FOLD AND TEAR ALONG PERFORATION

CONSUMERINFO COM INC

475 ANTON BLVD BLDG D **COSTA MESA, CA 92626-7037**

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954465932, GANESH, AKSHAY,

AKSHAY GANESH 1369 COYOTE CREEK WAY MILPITAS, CA 95035

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