	1		and the latter of the section of the	CONTRACTOR OF THE PERSON NAMED IN	manusia montrologica	CATALOGUE AND A CONTRACTOR OF THE PARTY OF T	NO MOTOR DESCRIPTION	waterwern Literature Interest and Control of Control	
National Account Services Outsourcing for Hit, Benefits and Payroll		Year To	o Date Earnings				Year To Date Deductions		
Outsourcing for HR, Benefits an		Regular Retro Pa Variable		- Semi Mo. 1		Vision Plan Pretax Dental Legal Plan 401(k) Contrib	Pretax Dental Plan 570.		
Social Security No.: XXX-XX-0732									
a Employee's social security numb	per d Control number 006372 WY/2S7		7 Social secu	rity tips	1 Wages, t	ips, other compensation 143696.52	2 Federal	income tax withheld 26358.96	
c Employer's name, address, and	ZIP code		8 Allocated tips		3 Social se	3 Social security wages 160200.00		4 Social security tax withheld 9932 .40	
Capgemini America, Inc. PO BOX 17004 AUGUSTA. GA 30903			9		5 Medicare wages and tips		6 Medicar	6 Medicare tax withheld	
b Employer identification number (EIN) 22-2575929		10 Dependen	t care benefits	C 12a See in	166196.52 nstructions for box 12 343.20	C 12b	2409.85	
e Employee's first name and initia		Suff.	11 Nonqualifi	ed plans	C 12c DD	22258.08	C 12d		
SATYANARAYANA MULAGALA 2858 TACOMA DR LATHROP, CA 95330 f Employee's address and ZIP cod			employee	Retirement Third-party plan sick pay					
15 State Employer's State ID No CA 258-1159-7		17 State income	e tax 40.66	18 Local wages, ti	ps, etc. 1	9 Local income tax	20 L	ocality name	
2023 OMB No. 1545-0008	2 Wage and Tax State		Employe Copy	Department to the Intern	of the Treas	Service. If you are require	ervice. This ed to file a t	nployee on back.) information is being furnishe ax return, a negligence pena axable and you fail to report i	
2023 OMB No. 1545-0008 2023 OMB No. 1545-0008 Form W- a Employee's social security number	2 Wage and Tax State		The state of the s	Department to the Internor or other sar Copy 2 - To Department	of the Treas al Revenue S action may be be Be Filed W t of the Treas	sury-Internal Revenue Se Service. If you are require imposed on you if this ith Employee's State, C sury-Internal Revenue S tips, other compensation	ervice. This ed to file a to income is to income income income income.	information is being furnishe ax return, a negligence pena axable and you fail to report if a lincome Tax Return.	
OMB No. 1545-0008 2023 OMB No. 1545-0008 Form W- a Employee's social security numl XXX - XX - 0732 c Employer's name, address, and	2 Wage and Tax State oer d Control number 006372 WY/2S7 ZIP code		Copy State Filing Co	Department to the Internor or other sar Copy 2 - To Department tips	of the Treas al Revenue S be Be Filed W t of the Treas 1 Wages, 1	sury-Internal Revenue Service. If you are require imposed on you if this lith Employee's State, Cosury-Internal Revenue Stips, other compensation 143696.52	ervice. This ed to file a trincome is to trincome is to trincome is to trincome is to trincome.	information is being furnishe ax return, a negligence pena axable and you fail to report if all Income Tax Return. Il income tax withheld 26358.96 security tax withheld	
2023 OMB No. 1545-0008 2023 OMB No. 1545-0008 Form W- a Employee's social security numl XXX-XX-0732	2 Wage and Tax State oer d Control number 006372 WY/2S7 ZIP code		State Filing Co	Department to the Internor or other sar Copy 2 - To Department tips	of the Treas al Revenue S cition may be be Filed W t of the Treas 1 Wages, 1	sury-Internal Revenue Service. If you are require imposed on you if this lith Employee's State, Coury-Internal Revenue Stips, other compensation 143696.52 ecurity wages 160200.00 e wages and tips	ervice. This ed to file a	information is being furnishe ax return, a negligence pena axable and you fail to report if all Income Tax Return. Il income tax withheld 26358.96 security tax withheld 9932.40 are tax withheld	
2023 OMB No. 1545-0008 Porm Was Employee's social security number XXX-XX-0732 C Employer's name, address, and Capgemini America, Inc. Po Box 17004	2 Wage and Tax State oer d Control number 006372 WY/2S7 ZIP code		State Filing Co 7 Social secu 8 Allocated ti	Department to the Internor or other sar Copy 2 - To Department tips	of the Treas al Revenue S ction may be be Filed W t of the Treas 1 Wages, 1 3 Social se 5 Medicare	sury-Internal Revenue Service. If you are require imposed on you if this lith Employee's State, Cosury-Internal Revenue Stips, other compensation 143696.52 ecurity wages 160200.00 e wages and tips 166196.52 instructions for box 12	ervice. This ed to file a trincome is to come is to com	information is being furnishe ax return, a negligence pena axable and you fail to report if all Income Tax Return. Il income tax withheld 26358.96 security tax withheld 9932.40 are tax withheld 2409.85	
OMB No. 1545-0008 2023 OMB No. 1545-0008 Form W- a Employee's social security numl XXX-XX-0732 c Employer's name, address, and Capgemini America, Inc. PO BOX 17004 AUGUSTA, GA 30903 b Employer identification number (e Employee's first name and initial	2 Wage and Tax State oer d Control number 006372 WY/2S7 ZIP code		State Filing Co 7 Social secu 8 Allocated ti	Department to the Internor or other san Department Department or Department Department or to the Internor or other san Department or other san Departm	of the Treas al Revenue S cition may be be Filed W t of the Treas 1 Wages, 1 3 Social se	sury-Internal Revenue Service. If you are require imposed on you if this lith Employee's State, Coury-Internal Revenue Stips, other compensation 143696.52 ecurity wages 160200.00 e wages and tips 166196.52	ervice. This ed to file a	information is being furnishe ax return, a negligence pena axable and you fail to report if all Income Tax Return. Il income tax withheld 26358.96 security tax withheld 9932.40 are tax withheld	
OMB No. 1545-0008 2023 OMB No. 1545-0008 Form W- a Employee's social security numl XXX-XX-0732 c Employer's name, address, and Capgemini America, Inc. PO BOX 17004 AUGUSTA, GA 30903 b Employer identification number of the Employee's first name and initial SATYANARAYANA MULAGALA 2858 TACOMA DR LATHROP, CA 95330	2 Wage and Tax State per d Control number 006372 WY/2S7 ZIP code (EIN) 22-2575929 Last name	ement	State Filing Co 7 Social secu 8 Allocated ti 9	Department to the Internor or other san Department Department or Department Department or to the Internor or other san Department or other san Departm	of the Treas al Revenue S cition may be be Be Filed W t of the Treas 1 Wages, 1 3 Social se 5 Medicare C 12a See 2 C C 12c 3 DD	sury-Internal Revenue Service. If you are require imposed on you if this internal Revenue Service. Imposed on you if this internal Revenue Service. It is sury-Internal Revenue Service. It is sury-	ervice. This ed to file a transcome is to come is to co	information is being furnishe ax return, a negligence pena axable and you fail to report if all Income Tax Return. Il income tax withheld 26358.96 security tax withheld 9932.40 are tax withheld 2409.85	
OMB No. 1545-0008 2023 OMB No. 1545-0008 Form W- a Employee's social security numl XXX-XX-0732 c Employer's name, address, and Capgemini America, Inc. PO BOX 17004 AUGUSTA, GA 30903 b Employer identification number of the Employee's first name and initial SATYANARAYANA MULAGALA 2858 TACOMA DR	2 Wage and Tax State per d Control number 006372 WY/2S7 ZIP code (EIN) 22-2575929 Last name	Suff.	State Filing Co 7 Social secul 8 Allocated til 9 10 Dependen 11 Nonqualifi 13 Statutory employee	Department to the Internor of other san Department of the Internor other san Department of the Internor of the	of the Treas al Revenue S cition may be be Filed W t of the Treas 1 Wages, 1 3 Social se 5 Medicare 1 L2c 1 DD 1 4 Other 1 CA-S	sury-Internal Revenue Service. If you are require imposed on you if this internal Revenue Service. Imposed on you if this internal Revenue Service. It is sury-Internal Revenue Service. It is sury-	ervice. This ed to file a	information is being furnishe ax return, a negligence pena axable and you fail to report if all Income Tax Return. Il income tax withheld 26358.96 security tax withheld 9932.40 are tax withheld 2409.85	
OMB No. 1545-0008 2023 OMB No. 1545-0008 Form Ward Employee's social security number of the control of the con	2 Wage and Tax State oer d Control number 006372 WY/2S7 ZIP code (EIN) 22-2575929 Last name e 16 State wages, tips, etc. 128660.43	Suff.	State Filing Co 7 Social secular 8 Allocated til 9 10 Dependen 11 Nonqualifit 13 Statutory employee	Department to the Intern or other sar Copy 2 - To Department unity tips Py Department Third-party plan sick pay I B Local wages, Copy B - To Department Top Department Third-party plan sick pay	of the Treas al Revenue S cition may be Be Filed W t of the Treas 1 Wages, 1 3 Social se C 12a See C DD 14 Other CA-S O Be Filed V tof the Treas	sury-Internal Revenue Service. If you are require imposed on you if this interpolated interpola	ervice. This ed to file a trincome is to come is to com	information is being furnishe ax return, a negligence pena axable and you fail to report it all Income Tax Return. Il income tax withheld 26358.96 security tax withheld 9932.40 are tax withheld 2409.85 22500.00 Locality name	
OMB No. 1545-0008 2023 OMB No. 1545-0008 Form W- a Employee's social security number of the control of the con	2 Wage and Tax State oer d Control number 006372 WY/2S7 ZIP code (EIN) 22-2575929 Last name e 16 State wages, tips, etc. 128660.43 2 Wage and Tax State oer d Control number 006372 WY/2S7 ZIP code	Suff.	State Filing Co 7 Social secu 8 Allocated ti 9 10 Dependen 11 Nonqualifi 13 Statutory employee 40.66 Federal Filing Co	Department to the Intern or other sar Copy 2 - To Department urity tips Py Department Third-party plan sick pay I B Local wages, Copy B - To Department urity tips	of the Treas al Revenue S cition may be be Be Filed W t of the Treas 1 Wages, 5 Medicare 5 Medicare 1 L2 See 1 C 1 L2 See 1	sury-Internal Revenue Service. If you are require imposed on you if this interposed interpos	ervice. This ed to file a tincome is ta tinc	information is being furnishe ax return, a negligence pena axable and you fail to report it all Income Tax Return. Il income tax withheld 26358.96 security tax withheld 2409.85 22500.00 Locality name	
OMB No. 1545-0008 2023 OMB No. 1545-0008 Form W- a Employee's social security number of the Employee's first name and initial SATYANARAYANA MULAGALA 2858 TACOMA DR LATHROP, CA 95330 f Employee's address and ZIP cod 15 State Employer's State ID No CA 258-1159-7 2023 OMB No. 1545-0008 Form W- a Employee's social security number of the Employee's State ID No CA 258-1159-7	2 Wage and Tax State oer d Control number 006372 WY/2S7 ZIP code (EIN) 22-2575929 Last name e 16 State wages, tips, etc. 128660.43 2 Wage and Tax State oer d Control number 006372 WY/2S7 ZIP code	Suff.	State Filing Co 7 Social secul 8 Allocated ti 9 10 Dependen 11 Nonqualifi 13 Statutory employee 40.66 Federal Filing Co 7 Social secul 8 Allocated ti 9	Department to the Internor of other sar Copy 2 - To Department of Depart	of the Treas al Revenue S cition may be be Filed W t of the Treas 1 Wages, 1 3 Social se 5 Medicare 1 L2c 1 DD 1 14 Other 1 CA-S 1 Wages, 1	sury-Internal Revenue Service. If you are require imposed on you if this interposed interpos	ervice. This ed to file a	information is being furnishe ax return, a negligence pena axable and you fail to report it al Income Tax Return. Il income tax withheld 26358.96 security tax withheld 9932.40 are tax withheld 2409.85 22500.00	
OMB No. 1545-0008 2023 OMB No. 1545-0008 Form W- a Employee's social security numl XXX-XX-0732 c Employer's name, address, and Capgemini America, Inc. PO BOX 17004 AUGUSTA, GA 30903 b Employer identification number of e Employee's first name and initial SATYANARAYANA MULAGALA 2858 TACOMA DR LATHROP, CA 95330 f Employee's address and ZIP cod 15 State Employer's State ID No CA 258-1159-7 2023 OMB No. 1545-0008 Form W-2 a Employee's social security numl XXX-XX-0732 c Employer's name, address, and Capgemini America, Inc. PO BOX 17004 AUGUSTA, GA 30903 b Employer identification number of	2 Wage and Tax State oer d Control number 006372 WY/2S7 ZIP code (EIN) 22-2575929 Last name e 16 State wages, tips, etc. 128660 .43 2 Wage and Tax State oer d Control number 006372 WY/2S7 ZIP code	Suff. 17 State incom 95	State Filing Co 7 Social secular Securar Secur	Department to the Intern or other sar Copy 2 - Topy Copy 2 - Topy Department Third-party plan sick pay X 18 Local wages, 1 Copy B - Topy Department Third-party plan sick pay In the care benefits to the control of the care benefits to the care benefits	of the Treas al Revenue S ciction may be be Filed W t of the Treas 1 Wages, 1 3 Social se 5 Medicare 1 L2c 1 DD 1 L4 Other 1 CA-S 1 Wages, 1 1 L2c 2 L2c 3 L2c 3 L2c 4 L3c 5 Medicare 1 L2c 5 L2c 6 L3c 7 L2c 7 L2c 7 L2c 8 L3c 8 L	sury-Internal Revenue Service. If you are require imposed on you if this interposed i	ervice. This ed to file a	information is being furnishe ax return, a negligence pena axable and you fail to report it all Income Tax Return. Il income tax withheld 26358.96 security tax withheld 2409.85 22500.00 Locality name eturn. al income tax withheld 26358.96 I security tax withheld 26358.96 I security tax withheld 9932.40 are tax withheld 9932.40 are tax withheld 9932.40	
OMB No. 1545-0008 2023 OMB No. 1545-0008 Form W- a Employee's social security number (and Capgemini America, Inc. PO BOX 17004 AUGUSTA, GA 30903 b Employer identification number (and Employee's first name and initial SATYANARAYANA MULAGALA 2858 TACOMA DR LATHROP, CA 95330 f Employee's address and ZIP code 15 State Employer's State ID No CA 258-1159-7 2023 OMB No. 1545-0008 Form W-2012 C Employee's social security number (and Capgemini America, Inc. PO BOX 17004 AUGUSTA, GA 30903 b Employer identification number (and Capgemini America, Inc. PO BOX 17004 AUGUSTA, GA 30903 b Employer identification number (and Employee's first name and initial SATYANARAYANA MULAGALA 2858 TACOMA DR LATHROP, CA 95330	2 Wage and Tax State oer d Control number 006372 WY/2S7 ZIP code (EIN) 22-2575929 Last name e 6 State wages, tips, etc. 128660.43 2 Wage and Tax State oer d Control number 006372 WY/2S7 ZIP code (EIN) 22-2575929 Last name	Suff.	State Filing Co 7 Social secul 8 Allocated ti 9 10 Dependen 11 Nonqualifi 13 Statutory employee 40.66 Federal Filing Co 7 Social secul 8 Allocated ti 9	Department to the Intern or other sar Copy 2 - Topy Copy 2 - Topy Department Third-party plan sick pay X 18 Local wages, 1 Copy B - Topy Department Third-party plan sick pay In the care benefits to the control of the care benefits to the care benefits	of the Treas al Revenue S ciction may be be Filed W t of the Treas 1 Wages, 1 3 Social se 5 Medicare 1 L2a See 1 CA-S 1 Wages, 1 1 Wages, 2 1 Wages, 2 1 Wages, 3 Social se 1 Wages, 2 1 Wages, 3 Social se	sury-Internal Revenue Service. If you are require imposed on you if this inth Employee's State, Cosury-Internal Revenue Stips, other compensation 143696.52 ecurity wages 160200.00 e wages and tips 166196.52 instructions for box 12 343.20 22258.08 19 Local income tax With Employee's FEDER Sury-Internal Revenue Stips, other compensation 143696.52 ecurity wages 160200.00 e wages and tips 166196.52 ecurity wages 160200.00 e wages and tips 166196.52 instructions for box 12 343.20 22258.08	ervice. This ed to file a	information is being furnishe ax return, a negligence pena axable and you fail to report it all Income Tax Return. Il income tax withheld 26358.96 security tax withheld 2409.85 22500.00 Locality name eturn. al income tax withheld 26358.96 I security tax withheld 2932.40 are tax withheld 2409.85	
OMB No. 1545-0008 2023 OMB No. 1545-0008 Form W- a Employee's social security numl XXX-XX-0732 c Employer's name, address, and Capgemini America, Inc. PO BOX 17004 AUGUSTA, GA 30903 b Employer identification number of the employee's first name and initial SATYANARAYANA MULAGALA 2858 TACOMA DR LATHROP, CA 95330 f Employee's address and ZIP cod 15 State Employer's State ID No CA 258-1159-7 2023 OMB No. 1545-0008 Form W- a Employee's social security numl XXX-XX-0732 c Employee's name, address, and Capgemini America, Inc. PO BOX 17004 AUGUSTA, GA 30903 b Employer identification number of the Employee's first name and initial SATYANARAYANA MULAGALA 2858 TACOMA DR	2 Wage and Tax State oer d Control number 006372 WY/2S7 ZIP code (EIN) 22-2575929 Last name e 8 State wages, tips, etc. 128660.43 2 Wage and Tax State oer d Control number 006372 WY/2S7 ZIP code (EIN) 22-2575929 Last name	Suff. 17 State incom 95 ment	State Filing Co 7 Social secul 8 Allocated ti 9 10 Dependen 11 Nonqualifi 13 Statutory employee 240.66 Federal Filing Co 7 Social secul 8 Allocated ti 9 10 Dependen 11 Nonqualifi 13 Statutory employee	Department to the Intern or other sar Copy 2 - Topy Department or other sar Copy 3 - Topy	of the Treas al Revenue S cition may be be Be Filed W t of the Treas 1 Wages, 1 Social se 1 C C 12a See 1 C DD 1 14 Other CA-S 1 Wages, 3 Social se 1 Wages, 2 Wages, 2 Wages, 2 Wages, 2 Wages, 2 Wages, 2 Wages, 3 Wages, 4 Wages, 3 Wages, 4 Wages, 5 Wages, 6 Wages, 6 Wages, 6 Wages, 6 Wages, 7 Wages, 8 Wages,	sury-Internal Revenue Service. If you are require imposed on you if this interposed on you if th	ervice. This ed to file a tincome is to come	information is being furnishe ax return, a negligence pena axable and you fail to report it all Income Tax Return. Il income tax withheld 26358.96 security tax withheld 2409.85 22500.00 Locality name eturn. al income tax withheld 26358.96 I security tax withheld 2932.40 are tax withheld 2409.85	

9540.66

ı----

1----

2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Employer use only 0000068842 UZY 005556 B124 A A S 33979 c Employer's name, address, and ZIP code EDWARD D JONES & CO L P 12555 MANCHESTER RD **ST LOUIS, MO 63131** e/f Employee's name, address, and ZIP code ARUNA MALLADI 2506 RIVERFRONT DR LATHROP, CA 95330 a Employee's SSA numbe
XXX-XX-5425 b Employer's FED ID number 43-0345811 1 Wages, tips, other comp 112118.81 12985.17 security wages curity tax withheld 119102.93 7384.38 wages and tips tax withheld 119102.93 1726.99 8 Allocated tips security tips 10 Dependent care benefits 14 Other 1071.39 CA SDI 12c 15 State Employer's state ID no. 16 State wag es, tips, etc. CA 327-2557 4 112118.81 17 State income tax 18 Local wages, tips, etc. 7366.47 19 Local income tax 20 Locality name

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information file a new W-4 with your payroll department.

Social Security Number: XXX-XX-5425

ARUNA MALLADI 2506 RIVERFRONT DR LATHROP, CA 95330

		2 Federal income tax withheld			
112118.	12985.17				
3 Social security wage 119102	4 Social security tax withheld				
5 Medicare wages and	7384.38 6 Medicare tax withheld				
119102	1726.99				
d Control number	Dept.	Corp.	Emplo	yer use only	
0000068842 UZY	005556	B124		S 33979	11
c Employer's name, a EDWARD D JO 12555 MANCH ST LOUIS, MO	NES &	COLP	ode		
b Employer's FED ID 43-034581		a Emplo		A number (X-5425	1
7 Social security tips		8 Alloca			1
10 Dependent care benefits					
11 Nonqualified plans		CI	nstructio	60.06	11
14 Other 1071.39 CA SD		12b D		6984.12	11
1071.35 CA 35		12c	29.00		71
		12d			11
		13 Stat emp	Ret plan	3rd party sick pay	1
ef Employee's name, address and ZIP code ARUNA MALLADI 2506 RIVERFRONT DR LATHROP, CA 95330					
15 State Employer's s CA 327-2557	state ID no	. 16 State		ips, etc. 2118.81	ETACH
17 State income tax	6.47	18 Loca			FOLD AND DETACH
19 Local income tax	0.41	20 Loca	lity name		FOLD
W-2 Federa	Filing		2	023	

Statement

Copy B to be filed with employee's Federal Inco

© 2023 ADP, Inc.	PAGE 1 OF	1			
1 Wages, tips, other comp. 2 Federal income tax with 12118.81 12985.17		1 Wages, tips, other comp. 112118.81	2 Federal income tax withhel		
3 Social security wages 119102.93	4 Social security tax withheld 7384.38	3 Social security wages 119102.93	4 Social security tax withheld 7384.38		
5 Medicare wages and tips 119102.93	6 Medicare tax withheld 1726.99	5 Medicare wages and tips 119102.93	6 Medicare tax withheld 1726.99		
d Control number Dept. 0000068842 UZY 005556	B124 A A S 33979	d Control number Dept. 0000068842 UZY 005556	B124 A A S 33979		
c Employer's name, address, EDWARD D JONES & 12555 MANCHESTER ST LOUIS, MO 63131	COLP	c Employer's name, address, a EDWARD D JONES & 12555 MANCHESTER ST LOUIS, MO 63131	and ZIP code CO L P		
b Employer's FED ID numbe 43-0345811 7 Social security tips	a Employee's SSA number XXX-XX-5425	b Employer's FED ID number 43-0345811	XXX-XX-5425		
HIMMINIMUM HIMMINIMUM		7 Social security tips	8 Allocated tips		
	10 Dependent care benefits	4	10 Dependent care benefits		
11 Nonqualified plans	12a C 60.06	11 Nonqualified plans	12a C 60.06		
14 Other 1071.39 CA SDI	12b D 6984.12 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay	14 Other 1071.39 CA SDI	12b D 6984.12 12c 12d 13 Statemp. Ret. plan 3rd party sick pa		
e/f Employee's name, address ARUNA MALLADI 2506 RIVERFRONT DF LATHROP, CA 95330		e/f Employee's name, address ARUNA MALLADI 2506 RIVERFRONT DR LATHROP, CA 95330	and ZIP code		
15 State Employer's state ID n CA 327-2557 4 17 State income tax	o. 16 State wages, tips, etc. 112118.81	15 State Employer's state ID no. CA 327-2557 4 17 State income tax	16 State wages, tips, etc. 112118.81		
7366.47	7300.47		18 Local wages, tips, etc.		
CA. State Fili	The state of the s	19 Local income tax	20 Locality name		
W-2 Wage a State	nd Tax 2023	W-2 City or Local Wage and Statem Copy 2 to be filed with employee's	d Tax 2023		

112118	12985.17						
3 Social security wage	4 Social security tax withheld						
	119102.93			7384.38			
5 Medicare wages and 119102	6 Medicare tax withheld 1726.99						
d Control number	Dept.	Corp. B124	Emplo	yer use only			
	0000068842 UZY 005556			S 33979			
c Employer's name, a EDWARD D JO 12555 MANCH ST LOUIS, MO	NES &	COLP	ode				
b Employer's FED ID 43-034581	number	a Emplo	yee's SS	A number X-5425			
7 Social security tips		8 Allocat					
9		10 Deper	ndent care	e benefits			
11 Nonqualified plans		12a C	7.00	60.06			
14 Other		12b D		6984.12			
1071.39 CA SDI		12c					
		12d					
		13 Stat emp	Ret plan	3rd party sick pay			
e/f Employee's name, ARUNA MALL 2506 RIVERFRO LATHROP, CA	ADI NT DR	and ZIP c	ode				
15 State Employer's st CA 327-2557	tate ID no.	16 State		os, etc. 118.81			
17 State income tax 7366	5.47	18 Local	wages, tij				
19 Local income tax		20 Locali		100			
	Local age and	Tax	Copy 2	023			