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

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 substitute W-2 Wages and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

All copies of your W-2 are on this page, separated by perforations. General instructions for these forms, including an explanation of the letter codes used in box 12 are on the other side of the page.											
D CONTROL NUMBER	STATEMEN					1 WAGES,	TIPS, OTHER COMPENSATION		2 FEDERAL INC	COME TAX WITHHELD	
to	his information is being furn the Internal Revenue Servi	ice			NO. 1545-0008	2 600141	135445.9	9		22407.10	
B. EMPLOYER IDENTIFICATION NUMBER         A. EMPLOYEE'S SOCIAL SECURITY N           95-4465932         XXX-XX-9093						142724.62  5 MEDICARE WAGES AND TIPS			4 SOCIAL SECURITY TAX WITHHELD 8848.93 6 MEDICARE TAX WITHHELD		
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE CONSUMERINFO COM INC 475 ANTON BLVD BLDG D COSTA MESA, CA 92626-7037			13 Statutory Retirement Third-Party			7 SOCIAL SECURITY TIPS			2069.51  8 ALLOCATED TIPS		
			Employee Plan Sick Pay		9			10 DEPENDANT CARE BENEFITS			
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME VARNILA LANKE			SUFF.			11 NONQUALIFIED PLANS			<sup>12 a-d</sup> D	7278.63	
3218 SHRUTE DR LATHROP, CA 95330						14 OTHER	CA SDI	1282.95	C	174.72	
F. EMPLOYEE'S ADDRESS AND ZIPCODE									DD	21799.57	
15 STATE EMPLOYER'S STA CA 42431338	TE I.D. NO.		WAGES, TIPS,ETC		17 STATE INCOM	56.77	18 LOCAL WAGES, TIPS, E	TC. 19 LOCA	L INCOME TAX	20 LOCALITY NAME	
· · · · · · · · · · · · · · · · · · ·							FOLD AND TEAR ALONG PERFORATION				
D. CONTROL NUMBER	This information is bein to the Internal Revenue	Service	1		. 1545-0008		IPS, OTHER COMPENSATION 135445.99	9	2 FEDERAL INC	22407.10	
B. EMPLOYER IDENTIFICATION NO. 95-4465932	JMBER	_ I	CXX-XX-9		NUMBER	3 SOCIAL SE	CURITY WAGES 142724.6		4 SOCIAL SECU	JRITY TAX WITHHELD 8848.93	
C. EMPLOYER'S NAME, ADDR	AAA AA 9093			5 MEDICARE WAGES AND TIPS			6 MEDICARE T	TAX WITHHELD			
CONSUMERINFO COM INC 475 ANTON BLVD BLDG D COSTA MESA, CA 92626-7037						142724.62 7 SOCIAL SECURITY TIPS			8 ALLOCATED	2069.51 TIPS	
REISSUED STATEMENT						9			10 DEPENDANT C	;ARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.  VARNILA LANKE 3218 SHRUTE DR LATHROP, CA 95330						11 NONQUALIFIED PLANS  14 OTHER CA SDI 1282.95			<sup>12 a-d</sup> D C	7278.63 174.72	
									DD  13 Statutory	21799.57	
F. EMPLOYEE'S ADDRESS AND Z		16 STATE V	VAGES, TIPS,ETC.	- 1	17 STATE INCOME	FAX	18 LOCAL WAGES, TIPS, ETC		Employee INCOME TAX	Plan X Sick pay 20 LOCALITY NAME	
CA 42431338			135445.9		975	6.77					
Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return FORM W-2 Wage and Tax Statement  Dept. of the Treasury - Internal Revenue S FOLD AND TEAR ALONG PERFORATION  D. CONTROL NUMBER This information is being furnished  1 WAGES, TIPS, OTHER COMPENSATION  2 FEDERAL INCOME TAX WITHHELD										G PERFORATION	
B. EMPLOYER IDENTIFICATION NU	to the Internal Revenue	Service	ON LOYEE'S SOCIAL S		). 1545-0008		135445.9	9		22407.10	
95-4465932			XXX-XX-9		NUMBER		142724.6	2		JRITY TAX WITHHELD 8848.93	
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE  CONSUMERINFO COM INC  475 ANTON BLVD BLDG D  COSTA MESA, CA 92626-7037						5 MEDICARE WAGES AND TIPS 142724.62			6 MEDICARE TAX WITHHELD 2069.51		
						7 SOCIAL SECURITY TIPS			8 ALLOCATED		
ספונים מתווים ביים מווים מחזיים ביים מווים מחזיים ביים מווים מווים מווים מווים מווים מווים מווים מווים מווים מ									10 DEPENDANT C.	ARE BENEFITS	
REISSUED STATEMENT  E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME  SUFF.						11 NONQUAL	FIED PLANS	energenserregisch (+00000)	<sup>12 a-d</sup> D	7278.63	
VARNILA LANK 3218 SHRUTE	DR					14 OTHER	GA GDT	1202 05	C DD	174.72 21799.57	
LATHROP, CA	95330						CA SDI	1282.95			
F. EMPLOYEE'S ADDRESS AND ZI		16 STATE M	/AGES, TIPS,ETC.		17 STATE INCOME 1		18 LOCAL WAGES, TIPS, ETC	101.004	13 Statutory Employee	Retirement X Third-Party Sick pay	
CA 42431338		1	135445 . 9	99		6.77	EGGAE WAGEG, HPG, ETC				
Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return FORM W-2 Wage and Tax Statement  Dept. of the Treasury - Internal Revenue Service  2023											
D. CONTROL NUMBER	This information is bein	a furniched	1			1 WAGES.T	PS, OTHER COMPENSATION	, JLD AN		OME TAX WITHHELD	
B. EMPLOYER IDENTIFICATION NU	to the Internal Revenue	Service			. 1545-0008		135445.9	9		22407.10 JRITY TAX WITHHELD	
95-4465932 XXX-XX-9093						142724.62				8848.93	
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE  CONSUMERINFO COM INC						5 MEDICARE WAGES AND TIPS 142724.62			6 MEDICARE TA	2069.51	
475 ANTON BLVD BLDG D COSTA MESA, CA 92626-7037						7 SOCIAL SECURITY TIPS			8 ALLOCATED TIPS		
							9			ARE BENEFITS	
							FIED PLANS	025000000000000000000000000000000000000	<sup>12 a-d</sup> D	7278.63	
VARNILA LANKE 3218 SHRUTE DR LATHROP, CA 95330						14 OTHER	CA SDI	1282.95	C DD	174.72 21799.57	
F. EMPLOYEE'S ADDRESS AND ZI	IPCODE								13 Statutory Employee	Retirement Third-Party Plan X Sick pay	
15 STATE EMPLOYER'S STAT		16 STATE W	/AGES, TIPS,ETC.		17 STATE INCOME 1	AX	18 LOCAL WAGES, TIPS, ETC	. 19 LOCAL	INCOME TAX	20 LOCALITY NAME	

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

F. EMPLOYEE'S ADDRESS AND ZIPCODE
15 STATE | EMPLOYER'S STATE I.D. NO.
CA 42431338

2023

9756.77

135445.99

FOLD AND TEAR ALONG PERFORATION

Dept. of the Treasury - Internal Revenue Service

CERIDIAN CER

IMPORTANT TAX DOCUMENT ENCLOSED

954465932, LANKE, VARNILA,

VARNILA LANKE 3218 SHRUTE DR LATHROP, CA 95330

I CERIDIAN CERIDIAN CERIDIAN CERIDIAN C DIAN CERIDIAN CERIDIAN CERIDIAN CERIDIAN CERIDI

000000

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

CERIDIAN CER