

22222		a Employee's social security number XXX-XX-8288		OMB No. 1545-0008		
b Employer identification number (EIN) 95-2409649		1 Wages, tips, other compensation 130598.30		2 Federal income tax withheld 13380.03		
c Employer's name, address, and ZIP code SCAG 900 Wilshire Blvd., Ste. 1700 Los Angeles, CA 90017		3 Social security wages 0.00		4 Social security tax withheld 0.00		
		5 Medicare wages and tips 140061.16		6 Medicare tax withheld 2030.89		
		7 Social security tips 0.00		8 Allocated tips 0.00		
d Control Number		9		10 Dependent care benefits 0.00		
e Employee's first name and initial ROHITH 134 SPECTACLE IRVINE, CA 92618		Last name JANUMPALLY		Suff.		
		11 Nonqualified plans 0.00		C o d e 12a DD 16328.88		
		13 Statutory employee <input type="checkbox"/>		Retirement plan <input checked="" type="checkbox"/>		C o d e 12b
f Employee's address and ZIP code		Third-party sick pay <input type="checkbox"/>		C o d e 12c		
		14 Other 125H 800.00		C o d e 12d		
15 State	Employee's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CA	93201077	130598.30	5076.09			

Form **W-2** Wage and Tax Statement

2023

Department of the Treasury-Internal Revenue Service

Copy 1-For State, City, or Local Tax Department