

Copy B -- To Be Filed With Employee's FEDERAL Tax Return.		
a Employee's soc. sec. no 647-88-3920	1 Wages, tips, other comp. 69061.45	2 Federal income tax withheld 12351.15
b Employer ID number (EIN) 68-0393304	3 Social security wages 81520.76	4 Social security tax withheld 5054.29
	5 Medicare wages and tips 81520.76	6 Medicare tax withheld 1182.05
c Employer's name, address and ZIP code Western Health Advantage 2349 Gateway Oaks Dr. Ste 100 Sacramento CA 95833		
d Control number WA-4468865		
e Employee's name, address, and ZIP code MANJULA NARASIMHAN 1780 CREEKSIDE DR., #218 Folsom, CA 95630		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a C 149.52
13 Statutory employee <input type="checkbox"/>	14 Other CA-SDI 748.54	12b D 12309.79
13 Retirement plan <input checked="" type="checkbox"/>		12c W 1800.00
13 Third-party sick pay <input type="checkbox"/>		12d DD 14677.64
15 State Employer's state ID number CA 425-7599-3	16 State wages, tips, etc. 70861.45	17 State income tax 3944.71
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2017** Dept. of the Treasury -- IRS
This information is being furnished to the Internal Revenue Service.

Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return.		
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Form W-2 Wage and Tax Statement **2017** Dept. of the Treasury -- IRS

Copy C -- For EMPLOYEE's RECORDS		
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Form W-2 Wage and Tax Statement **2017** Dept. of the Treasury -- IRS
This information is being furnished to the IRS. 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.

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