| d Control number | 1 Wages, tips, other compensation | 2 Federal income tax withheld | d Control number | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
|---|--|--|---|---|------------------------------------|
| 46313 | 23996.92 | 1797.16 | 46313 | 23996.92 | 1797.16 |
| OMB NO. 1545-0008 | 3 Social security wages | 4 Social security tax withheld | OMB NO. 1545-0008 | 3 Social security wages | 4 Social security tax withheld |
| ŀ | 23996.92 5 Medicare wages and tips | 1487.81 6 Medicare tax withheld | This information is being furnished to the | 23996.92 5 Medicare wages and tips | 1487.81 6 Medicare tax withheld |
| | 23996.92 | 347.96 | Internal Revenue Service. | 23996.92 | 347.96 |
| c Employer's name, ac | dress and ZIP code | | c Employer's name, a | | |
| | L CARE FOUNDATION | 1 | CS MEDICAL CARE FOUNDATION 200 N ROBERTSON | | |
| 200 N ROE | | | | | |
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| BEVERLY H 7 Social security tips | ILLS CA 90211 | 9 Verification Code | BEVERLY I 7 Social security tips | HILLS CA 90211 8 Allocated tips | 9 Verification Code |
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| 10 Dependent care ben | efits 11 Nonqualified plans | 12a See instructions for box 12 | 10 Dependent care ber | nefits 11 Nonqualified plans | 12a See instructions for bo |
| 60.00 | | DD 6905.66 | 60.00 | 12c | DD 6905. |
| 12b | 12c | 12d | § 126 | 120 2 | g |
| b Employer identification | on number (EIN) a Employ | /ee's social security number | b Employer identificat | ion number (EIN) a Empl | oyee's social security number |
| 95-4 | 457756 | 545-97-5430 | | 457756 | 545-97-5430 |
| 13 Statutory Retirem employee plan | | .5.75 | 13 Statutory Retiren | nent Third-party 14 Other sick pay SDI W 2 | 15 75 |
| employee plan | sick pay SDI W 21 | .5.75 | | JD1 " 2 | 13.73 |
| | | | | t V | 2 |
| e Employee's name, a | ddress and ZIP code | This information is being | e Employee's name, i | address and ZIP code | |
| Miranda N | . Troutman | furnished to the Internal Revenue Service If you | Miranda N. Troutman | | |
| 320 S Pro | spect Ave | are required to file a tax return, a negligence | | ospect Ave | |
| Apt 25 | | penalty or other sanction may be imposed on you | Apt 25 | Land Inches | |
| Redondo E | seach CA 90277 | if this income is taxable and you fail to report it. | Redondo I | Beach CA 90277 | |
| 0047 | 15 State Employer's state I.D. No. | 16 State wages, tips, etc. | 2017 | 15 State Employer's state I.D. No. | 16 State wages, tips, etc. |
| 2017 | CA 402-6227-1 | 23996.92 | 2017 | <u>CA _ 402-6227-1</u> | 23996.92 |
| E o Waga | and Tax 17 State income tax | 18 Local wages, tips, etc. | W-2 Wage | and Tax 17 State income tax | 18 Local wages, tips, etc. |
| W-2 Stater | and Tax 17 State income tax nent 598.72 | To Essai Magas, Aps, cio. | ₽ VV-Z State | ment 598.72 | |
| Copy C For | | | Copy B To Be F | iled | |
| EMPLOYEE'S RECORDS 19 Local income tax 20 Locality name | | 20 Locality name | With Employee's | 19 Local income tax | 20 Locality name |
| (See Notice to Em | (See Notice to Employee on back of Copy B.) | | | eturn ————— | |
| back of Copy D.) | | | 16-0331690 | Departme | nt of the TreasuryInternal Revenue |
| d Control number | 1 Wages, tips, other compensation | 2 Federal income tax withheld | d Control number | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
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| 12B g | 12c | 12d § | 12b | 12c | 12d |
| b Employer identificati | on number (EIN) a Emplo | yee's social security number | b Employer identifica | tion number (EIN) a Empl | oyee's social security number |
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| 13 Statutory Retirem employee plan | ent Third-party 14 Other sick pay SDI W 21 | 5 75 | 13 Statutory Retiren | nent Third-party 14 Other sick pay SDI W 2 | 15 75 |
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| e Employee's name, a | iddress and ZIP code | | e Employee's name, | address and ZIP code | |
| Miranda N. Troutman | | | Miranda 1 | N. Troutman | |
| 320 S Pro | spect Ave | | 320 S Pro | ospect Ave | |
| Apt 25 | | | Apt 25 | | |
| Redondo E | Beach CA 90277 | | Redondo 1 | Beach CA 90277 | |
| 004- | 15 State Employer's state I.D. No. | 16 State wages, tips, etc. | 001- | 15 State Employer's state I.D. No. | 16 State wages, tips, etc. |
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| | 17 Chair Innovation | 18 Local wages line ale | E | | 18 Local wages, tips, etc. |
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| E.M. All | The state of the s | | See See | | THE PARTY OF THE PARTY |