

Form **W-2 Wage and Tax Statement** 2019

c Employer's name, address, and ZIP code UNIVERSITY OF CALIFORNIA 14350-1 MERIDIAN PARKWAY RIVERSIDE CA 92518		7 Social security tips	1 Wages, tips, other compensation 28479.60	2 Federal income tax withheld 4066.88
		8 Allocated tips	3 Social security wages 29615.35	4 Social security tax withheld 1836.15
		9	5 Medicare wages and tips 29615.35	6 Medicare tax withheld 429.42
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 3778.50
e Employee's name, address, and ZIP code JYOTSNA S SHARMA 301 S GLENDORA AVE UNIT 2327 WEST COVINA CA 91790		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other DCP 1500.00 DCCHOICE 2433.75	12b
		b Employer identification number (EIN) 94-3067788		12c
		a Employee's social security number 535-67-9803		12d
15 State CA	Employer's state ID number 91029645	16 State wages, tips, etc. 28479.60	17 State income tax 1387.75	18 Local wages, tips, etc.
			19 Local income tax	20 Locality name

Copy B-To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS website at www.irs.gov/efile.

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.

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Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS website at www.irs.gov/efile.

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