artment of the Treasu	ury-Internal Re	evenue Service		This information is being	furnished to	the Internal Revenue Service	e and the same of
Control number		ps, other compensation	2 Federal income tax withheld	d Control number	1 Wages,	tips, other compensatio	n 2 Federal incon.e tax withheld
3 NO. 1545-0008	3 Social se	452.50 curity wages	4 Social security tax withheld	OMB NO. 1545-0008	3 Social s	ecurity wages	4 Social security tax withheld
	5 Medicare	wages and tips	6 Medicare tax withheld		5 Medicar	e wages and tips	6 Medicare tax withheld
P.O. BOX	CALIFOR YEE, CA 942850	NIA LIFORNIA STATE	CONTROLLER	P.O. BOX 9	ALIFOR EE, CA 42850	RNIA LLIFORNIA STAT	E CONTROLLER
SACRAMENT Social security tip		4250-5878 8 Allocated tips	9 Verification code	7 Social security tips		8 Allocated tips	9 Verification code
Dependent care	benefits	11 Nonqualified plans	12a See instructions for box 12	10 Dependent care	benefits	11 Nonqualified plans	12a See instructions for box 1
tb		12c	12d	12b		12c	12d
3 Statutory Retire plan  Employee's name	ment Third sick	party 14 Other pay 14 Other pay	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	e Employee's name  S GANG 1823 TERR	oo1347 ent Thirr sick , address a	d-party 14 Other pay 14 Other	846-96-5535
W-2 Was Sta Copy C - For EMPLOYEE'S (see Natice to 8 on the back of	ge and Tax itement RECORD	THE THE ST	and you fall to report it.  16 State wages, tips, etc.  452.50  18 Local wages, tips, etc.  20 Locality name	2017  W-2 Wage Copy B - To B With Employee FEDERAL Tax	CA and Tax ment e Filed	Employer's state ID No.  80049397  17 State income tax  19 Local income tax	16 State wages, tips, etc. 452.50  18 Local wages, tips, etc.  20 Locality name
OMB NO. 1545-0008  3 Social security wages  4 Social security tax withheld  5 Medicare wages and tips  6 Medicare tax withheld  c Employer's name, address and ZIP code  STATE OF CALIFORNIA  BETTY T. YEE, CALIFORNIA STATE CONTROLLER  P.O. BOX 942850  SACRAMENTO, CA 94250-5878				OMB NO. 1545-0008  3 Social security wages  4 Social security tax withheld  5 Medicare wages and tips  6 Medicare tax withheld  c Employer's name, address and ZIP code  STATE OF CALIFORNIA  BETTY T. YEE, CALIFORNIA STATE CONTROLLER  P.O. BOX 942850  SACRAMENTO, CA 94250-5878			
7 Social security	15-11111	8 Allocated tips	9 Verification code	7 Social security tip	illa Elli	8 Allocated tips	9 Verification code
	entification nu	12c	s   12a   12d   12		cation num		12d 12d 3 loyee's social security number 846-96-5535
a Employee's name, address and ZIP code  S GANGANIA 1823 TERRY AVE # 1907 SEATTLE WA 98101  15 State Employer's state ID No.  16 State wages, tips, etc.  452.50				a Statutory employee Patrement Third-party sick pay  • Employee's name, address and ZIP code  S GANGANIA 1823 TERRY AVE \$ 1907 SEATTLE WA 98101  15 State Employer's state ID No. 16 State wages, tips, etc. 80040397 - 452.50			
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