

2019 W-2 and EARNINGS SUMMARY

This form details your final 2019 Payroll Earnings

Federal Taxable Wages (Box 1 of W2) 29,669.07	Social Security Tax Withheld (Box 4 of W2) 1,970.97	State Income Tax Withheld (Box 17 of W2) 1,176.19
Federal Income Tax Withheld (Box 2 of W2) 3,848.03	Medicare Tax Withheld (Box 6 of W2) 460.96	Local Income Tax Withheld (Box 19 of W2)

W-2 Wage Reconciliation

	Federal Wages	SS Wages	Medicare Wages
Gross Pay	31,949.17	31,949.17	31,949.17
Less Med&Dent	63.18	63.18	63.18
Vision	61.62	61.62	61.62
Emp Life	16.90	16.90	16.90
LTD	17.68	17.68	17.68
401K	2,120.72		
W2 WAGES	29,669.07	31,789.79	31,789.79

Employee W-4 information. Contact your HR or applicable department for changes to your W-4 form.
**** 2019 Social Security Wage base is 132,900 ****

057465 HCA HCA PSRT T89 B141 P4 **AUTO**MIXED AADC 601
JYOTSNA SHARMA
301 S GLENDORA AVE UNIT 2327
WEST COVINA, CA 91790-5926

Social Security Number: 535-67-9803
Marital Status: Single
Federal Exemption Allowances: 00

a Employee's SSA number 535-67-9803	b Employer's FED ID number 61-1273583
1 Wages, tips, other comp 29,669.07	2 Federal income tax withheld 3,848.03
3 Social security wages 31,789.79	4 Social security tax withheld 1,970.97
5 Medicare wages and tips 31,789.79	6 Medicare tax withheld 460.96
d Control number	Dept
Corp	Employer use only 62-1664328

c Employer's name, address, and ZIP code
CHC PAYROLL AGENT, INC
COLUMBIA RIVERSIDE, INC
GME-RIVERSIDE COMMUNITY
10030 NORTH MACARTHUR BLVD
SUITE 162
IRVING, TX 75063

7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 43.16 C		
Statutory 13 emp	Retirement plan	Third-party sick pay	12b
	X		2,120.72 D
14 Other	317.93 CASDI	12c	5,973.00 DD
		12d	

e/f Employee's name, address, and ZIP code
JYOTSNA SHARMA
301 S GLENDORA AVE UNIT 2327
WEST COVINA, CA 91790-5926

15 State CA	Employer's state ID no 43059179	16 State wages, tips, etc. 29,669.07
17 State income tax 1,176.19	18 Local wages, tips, etc.	20 Locality name

W-2 Employee Reference Copy Wage and Tax Statement **2019**
Copy C for employee's records
Department of Treasury - Internal Revenue Service

a Employee's SSA number 535-67-9803	b Employer's FED ID number 61-1273583		
1 Wages, tips, other comp 29,669.07	2 Federal income tax withheld 3,848.03		
3 Social security wages 31,789.79	4 Social security tax withheld 1,970.97		
5 Medicare wages and tips 31,789.79	6 Medicare tax withheld 460.96		
d Control number	Dept		
Corp	Employer use only 62-1664328		
c Employer's name, address, and ZIP code CHC PAYROLL AGENT, INC COLUMBIA RIVERSIDE, INC GME-RIVERSIDE COMMUNITY 10030 NORTH MACARTHUR BLVD SUITE 162 IRVING, TX 75063			
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 43.16 C		
Statutory 13 emp	Retirement plan	Third-party sick pay	12b
	X		2,120.72 D
14 Other	317.93 CASDI	12c	5,973.00 DD
		12d	
e/f Employee's name, address, and ZIP code JYOTSNA SHARMA 301 S GLENDORA AVE UNIT 2327 WEST COVINA, CA 91790-5926			
15 State CA	Employer's state ID no 43059179	16 State wages, tips, etc. 29,669.07	
17 State income tax 1,176.19	18 Local wages, tips, etc.	20 Locality name	

W-2 Federal Filing Copy Wage and Tax Statement **2019**
Copy B to be filed with employee's Federal Income Tax Return
Department of Treasury - Internal Revenue Service

a Employee's SSA number 535-67-9803	b Employer's FED ID number 61-1273583		
1 Wages, tips, other comp 29,669.07	2 Federal income tax withheld 3,848.03		
3 Social security wages 31,789.79	4 Social security tax withheld 1,970.97		
5 Medicare wages and tips 31,789.79	6 Medicare tax withheld 460.96		
d Control number	Dept		
Corp	Employer use only 62-1664328		
c Employer's name, address, and ZIP code CHC PAYROLL AGENT, INC COLUMBIA RIVERSIDE, INC GME-RIVERSIDE COMMUNITY 10030 NORTH MACARTHUR BLVD SUITE 162 IRVING, TX 75063			
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 43.16 C		
Statutory 13 emp	Retirement plan	Third-party sick pay	12b
	X		2,120.72 D
14 Other	317.93 CASDI	12c	5,973.00 DD
		12d	
e/f Employee's name, address, and ZIP code JYOTSNA SHARMA 301 S GLENDORA AVE UNIT 2327 WEST COVINA, CA 91790-5926			
15 State CA	Employer's state ID no 43059179	16 State wages, tips, etc. 29,669.07	
17 State income tax 1,176.19	18 Local wages, tips, etc.	20 Locality name	

W-2 State Filing Copy Wage and Tax Statement **2019**
Copy 1 to be filed with employee's State Income Tax Return
Department of Treasury - Internal Revenue Service

a Employee's SSA number 535-67-9803	b Employer's FED ID number 61-1273583		
1 Wages, tips, other comp 29,669.07	2 Federal income tax withheld 3,848.03		
3 Social security wages 31,789.79	4 Social security tax withheld 1,970.97		
5 Medicare wages and tips 31,789.79	6 Medicare tax withheld 460.96		
d Control number	Dept		
Corp	Employer use only 62-1664328		
c Employer's name, address, and ZIP code CHC PAYROLL AGENT, INC COLUMBIA RIVERSIDE, INC GME-RIVERSIDE COMMUNITY 10030 NORTH MACARTHUR BLVD SUITE 162 IRVING, TX 75063			
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 43.16 C		
Statutory 13 emp	Retirement plan	Third-party sick pay	12b
	X		2,120.72 D
14 Other	317.93 CASDI	12c	5,973.00 DD
		12d	
e/f Employee's name, address, and ZIP code JYOTSNA SHARMA 301 S GLENDORA AVE UNIT 2327 WEST COVINA, CA 91790-5926			
15 State CA	Employer's state ID no 43059179	16 State wages, tips, etc. 29,669.07	
17 State income tax 1,176.19	18 Local wages, tips, etc.	20 Locality name	

W-2 City or Local Filing Copy Wage and Tax Statement **2019**
Copy 2 to be filed with employee's City or Local Income Tax Return
Department of Treasury - Internal Revenue Service