

b Employer identification number (EIN) 81-4083144		12a See instructions for box 12		1 Wages, tips, other compensation 20328.00		2 Federal income tax withheld 2828.24	
c Employer's name, address, and ZIP code 21 STAFF LLC 4695 CHABOT DRIVE, SUITE 200 PLEASANTON CA 94588		12b \$		3 Social security wages		4 Social security tax withheld	
e Employee's first name and initial IRFAAN SYED 3017 AZALEA HILLS DR CHARLOTTE NC 28262-2459		12c \$		5 Medicare wages and tips		6 Medicare tax withheld	
Last name Suff.		12d \$		7 Social security tips		8 Allocated tips	
f Employee's address and ZIP code		12e \$		9 Verification Code		10 Dependent care benefits	
15 State NC 601112244		16 State wages, tips, etc. 20328.00		17 State income tax 975.00		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name		11 Nonqualified plans			
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>		14 Other	
Form W-2 Wage and Tax Statement 2017		Department of the Treasury-Internal Revenue Service		OMB# 1545-0008		Copy B To Be Filed With Employee's FEDERAL Tax Return.	

b Employer identification number (EIN) 81-4083144		12a See instructions for box 12		1 Wages, tips, other compensation 20328.00		2 Federal income tax withheld 2828.24	
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Form W-2 Wage and Tax Statement 2017		Department of the Treasury-Internal Revenue Service		OMB# 1545-0008		Copy 2 To Be Filed With Employee's FEDERAL Tax Return.	

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Form W-2 Wage and Tax Statement 2017		Department of the Treasury-Internal Revenue Service		OMB# 1545-0008		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		Department of the Treasury-Internal Revenue Service		OMB# 1545-0008		Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back.)	