Form W -	2 Wage and Tax Statement	7 Social security tips		1 Wages, tips, other compensation 129998.65		2 Federal	income tax withheld 23387.93		
c Employer's name, address, and ZIP code US BANK NATIONAL ASSOC 4000 W BROADWAY				8 Allocated tips 9 Verification code		3 Social security wages 128400.00 5 Medicare wages and tips		4 Social security tax withheld 7960.80 6 Medicare tax withheld	
e Employee's name, address, and ZIP code			13 Statutory Retirement Third- employee plan sick pc	party	14 Other		12b	94.90	
K D BUDDHA				×		CASDI 1149.	67	⁸ D	5369.64
2000 WALNUT AVE, APT J301				b Employer identification number $31-0841368$. ,			DD	4392.44
FREMONT CA 94538			a Employee's social security num 338-06-1968	nber	1		12d		
1E State	Employer's state ID number	16 State wages time ate			10.10	and wages tips ate	10 Local in	e domo tov	20 Locality name
15 State CA	450-2283-7	16 State wages, tips, etc 129998		17 State income tax 10110.72	18 10	ocal wages, tips, etc.	19 Local in	come tax	20 Locality name
Copy B	-To Be Filed With Employee's FEI	 DERAL Tax Return	7	This information is being furnished to	the Int	ernal Revenue Service.		Dept.	of the Treasury - IRS
				·		OMB No. 1545-0008		Visit the	IRS website at www.irs.gov/efil
					This in neglige				u are required to file a tax return, a ne is taxable and you fail to report it.
Form W-2 Wage and Tax Statement 2018			7 Social security tips		1 Wages, tips, other compensation 129998.65		2 Federal income tax withheld 23387.93		
c Employer's name, address, and ZIP code			8 Allocated tips		3 Social security wages 128400.00		4 Social s	ecurity tax withheld 7960.80	
US BANK NATIONAL ASSOC 4000 W BROADWAY			9 Verification code		5 Medicare wages and tips		6 Medicar	e tax withheld	
ROBBINSDALE MN 55422		10 Dependent care benefits 13 Statutory employée Patriement Third-party sick pay		135368.29 11 Nonqualified plans		12a See ji	1962.84 Instructions for box 12		
e Employee's name, address, and ZIP code						0 C 12b	94.90		
K D BUDDHA			X		CASDI 1149.67		g D	5369.64	
2000 WALNUT AVE, APT J301			b Employer identification number (EIN) 31-0841368				12c DD	4392.44	
FREMONT CA 94538			a Employee's social security number 338-06-1968				12d		
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15 State CA	Employer's state ID number $450-2283-7$	16 State wages, tips, etc 12999		17 State income tax 10110.72	18 Lo	ocal wages, tips, etc.	19 Local in	come tax	20 Locality name
W-	2 Wage and Tax Statement	2018		7 Social security tips		1 Wages, tips, other comp		2 Federal	income tax withheld
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US BANK NATIONAL ASSOC			9 Verification code		128400.00 5 Medicare wages and tips		6 Medicar	7960.80 e tax withheld	
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e Employee's name, address, and ZIP code			13 Statutory Retirement Third-party sick pay		14 Other		12b D	5369.64	
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15 State CA	Employer's state ID number 450-2283-7	16 State wages, tips, etc 129998		17 State income tax 10110.72	18 Lo	ocal wages, tips, etc.	19 Local in	come tax	20 Locality name
Copy 2	To Be Filed With Employee's State	te, City, or Local II	icome	Tax Heturn	Oli	/IB No. 1545-0008		рерт.	of the Treasury - IRS
Form W-2 Wage and Tax Statement 2018				7 Social security tips		1 Wages, tips, other compensation 129998.65		2 Federal income tax withheld 23387.93	
C Employer's name, address, and ZIP code US BANK NATIONAL ASSOC 4000 W BROADWAY ROBBINSDALE MN 55422			8 Allocated tips		3 Social security wages		4 Social s	ecurity tax withheld	
			9 Verification code		128400.00 5 Medicare wages and tips		7960.80 6 Medicare tax withheld		
			10 Dependent care benefits		135368.29 11 Nonqualified plans		12a	1962.84	
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e Employee's name, address, and ZIP code K D BUDDHA 2000 WALNUT AVE , APT J301				13 Statutory Petirement Third-party sick play b Employer identification number (EIN) 31-0841368 a Employee's social security number		14 Other - CASDI 1149.67		12b D	5369.64
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