

Void <input type="checkbox"/>		a Employee's social security number 780-66-9074		OMB No. 1545-0008 K3J		000013	
b Employer identification number (EIN) 81-3390864				1 Wages, tips, other compensation 650.00		2 Federal income tax withheld	
c Employer's name, address, and ZIP code NEPALI KITCHEN 12232 SE 196TH ST KENT, WA 98031				3 Social security wages 650.00		4 Social security tax withheld 40.30	
				5 Medicare wages and tips 650.00		6 Medicare tax withheld 9.43	
				7 Social security tips		8 Allocated tips	
d Control number 000013 K4/K3J				9		10 Dependent care benefits	
e Employee's first name and initial Last name RAMA D DHAKAL 12232 SE 196TH ST KENT, WA 98031				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

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

Department of the Treasury—Internal Revenue Service
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Void <input type="checkbox"/>		a Employee's social security number 737-68-1253		OMB No. 1545-0008 K3J		000009	
b Employer identification number (EIN) 81-3390864				1 Wages, tips, other compensation 5392.50		2 Federal income tax withheld 346.67	
c Employer's name, address, and ZIP code NEPALI KITCHEN 12232 SE 196TH ST KENT, WA 98031				3 Social security wages 5392.50		4 Social security tax withheld 334.34	
				5 Medicare wages and tips 5392.50		6 Medicare tax withheld 78.19	
				7 Social security tips		8 Allocated tips	
d Control number 000009 K4/K3J				9		10 Dependent care benefits	
e Employee's first name and initial Last name ANISH GHIMIRE 12232 SE 196TH ST KENT, WA 98031				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

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