

VOID <input type="checkbox"/>		a Employee's social security number 617-12-8871		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796		1 Wages, tips, other compensation 5,020.00		2 Federal income tax withheld 669.92		
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133		3 Social security wages 5,020.00		4 Social security tax withheld 311.24		
		5 Medicare wages and tips 5,020.00		6 Medicare tax withheld 72.79		
		7 Social security tips		8 Allocated tips		
d Control number 78		9		10 Dependent care benefits		
e Employee's first name and initial Manar N Last name Abughannam 589 Sylvan Street Daly City, CA 94014		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 CA SDI 55.22		12c		
				12d		
f Employee's address and ZIP code						
15 State CA	Employer's state ID number 12759411	16 State wages, tips, etc. 5,020.00	17 State income tax 249.08	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 693-19-3542		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796		1 Wages, tips, other compensation 33,340.00		2 Federal income tax withheld 1,639.80		
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133		3 Social security wages 33,340.00		4 Social security tax withheld 2,067.08		
		5 Medicare wages and tips 33,340.00		6 Medicare tax withheld 483.43		
		7 Social security tips		8 Allocated tips		
d Control number 54		9		10 Dependent care benefits		
e Employee's first name and initial Yarahely Last name Arroyo San Bruno, CA 94066		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 CA SDI 366.74		12c		
				12d		
f Employee's address and ZIP code						
15 State CA	Employer's state ID number 12759411	16 State wages, tips, etc. 33,340.00	17 State income tax 251.08	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 621-50-4377		OMB No. 1545-0008							
b Employer identification number (EIN) 84-4552796		1 Wages, tips, other compensation 619.52		2 Federal income tax withheld							
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133		3 Social security wages 619.52		4 Social security tax withheld 38.41							
		5 Medicare wages and tips 619.52		6 Medicare tax withheld 8.98							
		7 Social security tips		8 Allocated tips							
d Control number 60		9		10 Dependent care benefits							
e Employee's first name and initial Josselyn 1032 York St San Francisco, CA 94110		Last name Ayra Arrieta		Suff.							
		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 CA SDI 6.81		12c							
f Employee's address and ZIP code				12d							
15 State Employer's state ID number CA 12759411		16 State wages, tips, etc. 619.52		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

VOID <input type="checkbox"/>		a Employee's social security number 610-29-7698		OMB No. 1545-0008							
b Employer identification number (EIN) 84-4552796		1 Wages, tips, other compensation 10,344.00		2 Federal income tax withheld 454.25							
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133		3 Social security wages 10,344.00		4 Social security tax withheld 641.33							
		5 Medicare wages and tips 10,344.00		6 Medicare tax withheld 149.99							
		7 Social security tips		8 Allocated tips							
d Control number 74		9		10 Dependent care benefits							
e Employee's first name and initial ANNER E 38 WILLIAMS AVE San Francisco, CA 94124		Last name BACA MARADIAGA		Suff.							
		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 CA SDI 113.78		12c							
f Employee's address and ZIP code				12d							
15 State Employer's state ID number CA 12759411		16 State wages, tips, etc. 10,344.00		17 State income tax 159.06		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

VOID <input type="checkbox"/>		a Employee's social security number 617-17-8335		OMB No. 1545-0008	
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 51,251.97	2 Federal income tax withheld 4,114.20
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 51,251.97	4 Social security tax withheld 3,177.62
				5 Medicare wages and tips 51,251.97	6 Medicare tax withheld 743.15
				7 Social security tips	8 Allocated tips
d Control number 11				9	10 Dependent care benefits
e Employee's first name and initial Last name Suff. Ihab T Bourdoud 1137 Mason Ct Apt B San Francisco, CA 94130 f Employee's address and ZIP code				11 Nonqualified plans	12a See instructions for box 12 BB 2,058.35
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12b
				14 Other CA SDI 559.79	12c
					12d
15 State Employer's state ID number CA 12759411	16 State wages, tips, etc. 51,251.97	17 State income tax 1,490.50	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 616-15-5557		OMB No. 1545-0008	
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 26.13	2 Federal income tax withheld
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 26.13	4 Social security tax withheld 1.62
				5 Medicare wages and tips 26.13	6 Medicare tax withheld .38
				7 Social security tips	8 Allocated tips
d Control number 14				9	10 Dependent care benefits
e Employee's first name and initial Last name Suff. Jaad Bourdoud 1137 Manson Ct. San Francisco, CA 94130 f Employee's address and ZIP code				11 Nonqualified plans	12a See instructions for box 12 BB 8.20
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12b
				14 Other CA SDI 1.51	12c
					12d
15 State Employer's state ID number CA 12759411	16 State wages, tips, etc. 26.13	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 577-61-1285		OMB No. 1545-0008	
b Employer identification number (EIN) 84-4552796		1 Wages, tips, other compensation 22,000.00		2 Federal income tax withheld 1,426.89	
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133		3 Social security wages 22,000.00		4 Social security tax withheld 1,364.00	
		5 Medicare wages and tips 22,000.00		6 Medicare tax withheld 319.00	
		7 Social security tips		8 Allocated tips	
d Control number 40		9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. Juan DeDIos Canizal Mendoza 236 Cortis St. San Francisco, CA 94112		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 CA SDI 236.50		12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state ID number CA 12759411	16 State wages, tips, etc. 22,000.00	17 State income tax 490.72	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 632-15-7684		OMB No. 1545-0008	
b Employer identification number (EIN) 84-4552796		1 Wages, tips, other compensation 4,187.21		2 Federal income tax withheld 313.85	
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133		3 Social security wages 4,187.21		4 Social security tax withheld 259.61	
		5 Medicare wages and tips 4,187.21		6 Medicare tax withheld 60.71	
		7 Social security tips		8 Allocated tips	
d Control number 76		9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. Jose L Cardoza Urbina 3332 Harrison St Oakland, CA 94611		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 CA SDI 46.06		12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state ID number CA 12759411	16 State wages, tips, etc. 4,187.21	17 State income tax 112.81	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 604-81-6007		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796		1 Wages, tips, other compensation 7,186.82		2 Federal income tax withheld 412.61		
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133		3 Social security wages 7,186.82		4 Social security tax withheld 445.58		
		5 Medicare wages and tips 7,186.82		6 Medicare tax withheld 104.21		
		7 Social security tips		8 Allocated tips		
d Control number 51		9		10 Dependent care benefits		
e Employee's first name and initial Alejandra Last name Caro 1780 15th St San Francisco, CA 94103		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 CA SDI 74.98		12c		
				12d		
f Employee's address and ZIP code						
15 State CA	Employer's state ID number 12759411	16 State wages, tips, etc. 7,186.82	17 State income tax 42.88	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 496-49-1186		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796		1 Wages, tips, other compensation 63,647.87		2 Federal income tax withheld 3,581.87		
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133		3 Social security wages 63,647.87		4 Social security tax withheld 3,946.17		
		5 Medicare wages and tips 63,647.87		6 Medicare tax withheld 922.89		
		7 Social security tips		8 Allocated tips		
d Control number 43		9		10 Dependent care benefits		
e Employee's first name and initial Fernando Last name Carrasco Nino 1039 Valota Rd Redwood City, CA 94061		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 CA SDI 695.73		12c		
				12d		
f Employee's address and ZIP code						
15 State CA	Employer's state ID number 12759411	16 State wages, tips, etc. 63,647.87	17 State income tax 1,240.14	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 622-21-5476		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796		1 Wages, tips, other compensation 59,634.78		2 Federal income tax withheld 2,902.85		
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133		3 Social security wages 59,634.78		4 Social security tax withheld 3,697.36		
		5 Medicare wages and tips 59,634.78		6 Medicare tax withheld 864.70		
		7 Social security tips		8 Allocated tips		
d Control number 17		9		10 Dependent care benefits		
e Employee's first name and initial Oliver Last name Castaneda 765 o'farrel St. Apt 43 San Francisco, CA 94109		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 CA SDI 651.92		12c		
				12d		
f Employee's address and ZIP code						
15 State CA	Employer's state ID number 12759411	16 State wages, tips, etc. 59,634.78	17 State income tax 871.87	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 999-71-2832		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796		1 Wages, tips, other compensation 34,195.21		2 Federal income tax withheld 1,191.47		
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133		3 Social security wages 34,195.21		4 Social security tax withheld 2,120.10		
		5 Medicare wages and tips 34,195.21		6 Medicare tax withheld 495.83		
		7 Social security tips		8 Allocated tips		
d Control number 28		9		10 Dependent care benefits		
e Employee's first name and initial Celia Last name Cisneros 125 Warwick Drive#23 Benicia, CA 94510		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 CA SDI 467.06		12c		
				12d		
f Employee's address and ZIP code						
15 State CA	Employer's state ID number 12759411	16 State wages, tips, etc. 34,195.21	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 418-16-3122		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 72,200.00	2 Federal income tax withheld 7,600.93	
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 72,200.00	4 Social security tax withheld 4,476.40	
				5 Medicare wages and tips 72,200.00	6 Medicare tax withheld 1,046.90	
				7 Social security tips	8 Allocated tips	
d Control number 34				9	10 Dependent care benefits	
e Employee's first name and initial Last name Suff. Jose G Cruz 1090 Clyde Ave#2 Santa Clara, CA 95054				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 CA SDI 788.70	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
CA	12759411	72,200.00	3,122.04			

VOID <input type="checkbox"/>		a Employee's social security number 001-24-1022		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 42,748.00	2 Federal income tax withheld 3,079.48	
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 42,748.00	4 Social security tax withheld 2,650.38	
				5 Medicare wages and tips 42,748.00	6 Medicare tax withheld 619.85	
				7 Social security tips	8 Allocated tips	
d Control number 32				9	10 Dependent care benefits	
e Employee's first name and initial Last name Suff. Guadalupe Delgado 125 Warwick #23 Benicia, CA 94510				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 CA SDI 467.06	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
CA	12759411	42,748.00	967.84			

VOID <input type="checkbox"/>		a Employee's social security number 962-19-1273		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796		1 Wages, tips, other compensation 58,851.18		2 Federal income tax withheld 3,018.91		
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133		3 Social security wages 58,851.18		4 Social security tax withheld 3,648.77		
		5 Medicare wages and tips 58,851.18		6 Medicare tax withheld 853.34		
		7 Social security tips		8 Allocated tips		
d Control number 30		9		10 Dependent care benefits		
e Employee's first name and initial Isabel Last name Delgado 20342 Wisteria St. #4 Castro Valley, CA 94546		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 CA SDI 643.56		12c		
				12d		
f Employee's address and ZIP code						
15 State CA	Employer's state ID number 12759411	16 State wages, tips, etc. 58,851.18	17 State income tax 118.81	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 762-93-8730		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796		1 Wages, tips, other compensation 19,035.25		2 Federal income tax withheld 1,083.95		
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133		3 Social security wages 19,035.25		4 Social security tax withheld 1,180.19		
		5 Medicare wages and tips 19,035.25		6 Medicare tax withheld 276.01		
		7 Social security tips		8 Allocated tips		
d Control number 44		9		10 Dependent care benefits		
e Employee's first name and initial Damian Last name Espino Martinez 1263 Williams Hercules, CA 94547		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 CA SDI 204.24		12c		
				12d		
f Employee's address and ZIP code						
15 State CA	Employer's state ID number 12759411	16 State wages, tips, etc. 19,035.25	17 State income tax 377.22	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 061-19-5340		OMB No. 1545-0008	
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 54,644.61	2 Federal income tax withheld 4,513.62
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 54,644.61	4 Social security tax withheld 3,387.97
				5 Medicare wages and tips 54,644.61	6 Medicare tax withheld 792.35
				7 Social security tips	8 Allocated tips
d Control number 24				9	10 Dependent care benefits
e Employee's first name and initial Last name Suff. Nancy D Euceda Arriola 9 Hawkins Lane San Francisco, CA 92124 f Employee's address and ZIP code				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 CA SDI 608.80	12c
					12d
15 State Employer's state ID number CA 12759411	16 State wages, tips, etc. 54,644.61	17 State income tax 1,698.08	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 922-99-7404		OMB No. 1545-0008	
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 28,996.45	2 Federal income tax withheld 76.35
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 28,996.45	4 Social security tax withheld 1,797.78
				5 Medicare wages and tips 28,996.45	6 Medicare tax withheld 420.45
				7 Social security tips	8 Allocated tips
d Control number 31				9	10 Dependent care benefits
e Employee's first name and initial Last name Suff. Janet G. Velasco 125 Waswide Drive #23 Benicia, CA 94510 f Employee's address and ZIP code				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 CA SDI 471.02	12c
					12d
15 State Employer's state ID number CA 12759411	16 State wages, tips, etc. 28,996.45	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 624-36-1226		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796		1 Wages, tips, other compensation 62,037.60		2 Federal income tax withheld 3,829.79		
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133		3 Social security wages 62,037.60		4 Social security tax withheld 3,846.33		
		5 Medicare wages and tips 62,037.60		6 Medicare tax withheld 899.55		
		7 Social security tips		8 Allocated tips		
d Control number 15		9		10 Dependent care benefits		
e Employee's first name and initial Raul Last name Galindo 260 Bay St #3405 San Francisco, CA 94133		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 CA SDI 677.21		12c		
				12d		
f Employee's address and ZIP code						
15 State CA	Employer's state ID number 12759411	16 State wages, tips, etc. 62,037.60	17 State income tax 1,586.25	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 602-45-0171		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796		1 Wages, tips, other compensation 3,621.00		2 Federal income tax withheld		
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133		3 Social security wages 3,621.00		4 Social security tax withheld 224.50		
		5 Medicare wages and tips 3,621.00		6 Medicare tax withheld 52.50		
		7 Social security tips		8 Allocated tips		
d Control number 63		9		10 Dependent care benefits		
e Employee's first name and initial Marvin Last name Garcia 2060 Jenny Lane Tracy, CA 95377		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 CA SDI 39.83		12c		
				12d		
f Employee's address and ZIP code						
15 State CA	Employer's state ID number 12759411	16 State wages, tips, etc. 3,621.00	17 State income tax 34.42	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 502-14-7813		OMB No. 1545-0008							
b Employer identification number (EIN) 84-4552796			1 Wages, tips, other compensation 57,163.23		2 Federal income tax withheld 3,788.34						
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133			3 Social security wages 57,163.23		4 Social security tax withheld 3,544.12						
			5 Medicare wages and tips 57,163.23		6 Medicare tax withheld 828.87						
			7 Social security tips		8 Allocated tips						
d Control number 19			9		10 Dependent care benefits						
e Employee's first name and initial Last name Suff. Sergio Gonzalez Huerta 3571 Elmhurst Ave. Santa Clara, CA 95051 f Employee's address and ZIP code			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 CA SDI 624.51		12c						
					12d						
15 State Employer's state ID number CA 12759411		16 State wages, tips, etc. 57,163.23		17 State income tax 211.89		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

VOID <input type="checkbox"/>		a Employee's social security number 866-61-4012		OMB No. 1545-0008							
b Employer identification number (EIN) 84-4552796			1 Wages, tips, other compensation 14,801.80		2 Federal income tax withheld 1,030.35						
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133			3 Social security wages 14,801.80		4 Social security tax withheld 917.71						
			5 Medicare wages and tips 14,801.80		6 Medicare tax withheld 214.63						
			7 Social security tips		8 Allocated tips						
d Control number 57			9		10 Dependent care benefits						
e Employee's first name and initial Last name Suff. Edwin Y Guevara Cortez 1928 California Ave San Pablo, CA 94806 f Employee's address and ZIP code			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 CA SDI 162.82		12c						
					12d						
15 State Employer's state ID number CA 12759411		16 State wages, tips, etc. 14,801.80		17 State income tax 338.77		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

VOID <input type="checkbox"/>		a Employee's social security number 649-23-1414		OMB No. 1545-0008							
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 57,038.63		2 Federal income tax withheld 2,818.29					
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 57,038.63		4 Social security tax withheld 3,536.40					
				5 Medicare wages and tips 57,038.63		6 Medicare tax withheld 827.06					
				7 Social security tips		8 Allocated tips					
d Control number 29				9		10 Dependent care benefits					
e Employee's first name and initial Last name Suff. Carlos Gutierrez 20342 Wisteria St.#4 Castro Valley, CA 94546				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 CA SDI 623.62		12c					
						12d					
f Employee's address and ZIP code											
15 State Employer's state ID number CA 12759411		16 State wages, tips, etc. 57,038.63		17 State income tax 25.61		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

VOID <input type="checkbox"/>		a Employee's social security number 977-92-4025		OMB No. 1545-0008							
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 54,185.30		2 Federal income tax withheld 5,867.64					
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 54,185.30		4 Social security tax withheld 3,359.49					
				5 Medicare wages and tips 54,185.30		6 Medicare tax withheld 785.69					
				7 Social security tips		8 Allocated tips					
d Control number 46				9		10 Dependent care benefits					
e Employee's first name and initial Last name Suff. Juan F Jaco 834 Baden Ave South San Francisco, CA 94080				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 CA SDI 591.97		12c					
						12d					
f Employee's address and ZIP code											
15 State Employer's state ID number CA 12759411		16 State wages, tips, etc. 54,185.30		17 State income tax 1,708.83		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

VOID <input type="checkbox"/>		a Employee's social security number 979-98-1376		OMB No. 1545-0008							
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 66,297.48		2 Federal income tax withheld 6,453.02					
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 66,297.48		4 Social security tax withheld 4,110.44					
				5 Medicare wages and tips 66,297.48		6 Medicare tax withheld 961.31					
				7 Social security tips		8 Allocated tips					
d Control number 33				9		10 Dependent care benefits					
e Employee's first name and initial Ruben D Last name Jimenez Suff. 399 Templeton Ave Daly City, CA 94014				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 CA SDI 724.36		12c					
						12d					
f Employee's address and ZIP code											
15 State Employer's state ID number CA 12759411		16 State wages, tips, etc. 66,297.48		17 State income tax 2,630.98		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

VOID <input type="checkbox"/>		a Employee's social security number 202-30-7041		OMB No. 1545-0008							
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 8,787.38		2 Federal income tax withheld 330.60					
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 8,787.38		4 Social security tax withheld 544.82					
				5 Medicare wages and tips 8,787.38		6 Medicare tax withheld 127.42					
				7 Social security tips		8 Allocated tips					
d Control number 61				9		10 Dependent care benefits					
e Employee's first name and initial Itzel A Last name Lopez Suff. 68 Buena Vista Ave. San Bruno, CA 94066				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 CA SDI 96.67		12c					
						12d					
f Employee's address and ZIP code											
15 State Employer's state ID number CA 12759411		16 State wages, tips, etc. 8,787.38		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

VOID <input type="checkbox"/>		a Employee's social security number 389-94-3461		OMB No. 1545-0008									
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 1,652.90		2 Federal income tax withheld 161.73							
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 1,652.90		4 Social security tax withheld 102.48							
				5 Medicare wages and tips 1,652.90		6 Medicare tax withheld 23.97							
				7 Social security tips		8 Allocated tips							
d Control number 58				9		10 Dependent care benefits							
e Employee's first name and initial Kleyver S Last name Lopez Hernandez 5009 Montoya Ave San Pablo, CA 94805				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 CA SDI 18.18		12c							
						12d							
f Employee's address and ZIP code													
15 State CA		Employer's state ID number 12759411		16 State wages, tips, etc. 1,652.90		17 State income tax 38.36		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

VOID <input type="checkbox"/>		a Employee's social security number 631-90-9322		OMB No. 1545-0008									
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 36,197.67		2 Federal income tax withheld 3,486.06							
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 36,197.67		4 Social security tax withheld 2,244.26							
				5 Medicare wages and tips 36,197.67		6 Medicare tax withheld 524.87							
				7 Social security tips		8 Allocated tips							
d Control number 16				9		10 Dependent care benefits							
e Employee's first name and initial Marvin E Last name Mansilla 832 Baden Ave South San Francisco, CA 94080				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 CA SDI 392.83		12c							
						12d							
f Employee's address and ZIP code													
15 State CA		Employer's state ID number 12759411		16 State wages, tips, etc. 36,197.67		17 State income tax 1,372.71		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

VOID <input type="checkbox"/>		a Employee's social security number 618-25-1077		OMB No. 1545-0008	
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 10,331.95	2 Federal income tax withheld 905.83
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 10,331.95	4 Social security tax withheld 640.58
				5 Medicare wages and tips 10,331.95	6 Medicare tax withheld 149.81
				7 Social security tips	8 Allocated tips
d Control number 72				9	10 Dependent care benefits
e Employee's first name and initial Last name Suff. JOSE L MEDRANO CUEVAS 876 6TH AVE San Bruno, CA 94066 f Employee's address and ZIP code				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 CA SDI 113.65	12c
					12d
15 State Employer's state ID number CA 12759411	16 State wages, tips, etc. 10,331.95	17 State income tax 321.20	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 639-31-5725		OMB No. 1545-0008	
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 76,704.90	2 Federal income tax withheld 8,530.88
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 76,704.90	4 Social security tax withheld 4,755.70
				5 Medicare wages and tips 76,704.90	6 Medicare tax withheld 1,112.22
				7 Social security tips	8 Allocated tips
d Control number 13				9	10 Dependent care benefits
e Employee's first name and initial Last name Suff. Ivan I Montoya Palomino 291 10TH St San Francisco, CA 94103 f Employee's address and ZIP code				11 Nonqualified plans	12a See instructions for box 12 BB 3,027.66
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12b
				14 Other CA SDI 857.87	12c
					12d
15 State Employer's state ID number CA 12759411	16 State wages, tips, etc. 76,704.90	17 State income tax 3,095.40	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 612-12-4796		OMB No. 1545-0008							
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 68,723.96		2 Federal income tax withheld 4,205.02					
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 68,723.96		4 Social security tax withheld 4,260.89					
				5 Medicare wages and tips 68,723.96		6 Medicare tax withheld 996.50					
				7 Social security tips		8 Allocated tips					
d Control number 25				9		10 Dependent care benefits					
e Employee's first name and initial Juan C Last name Moreno Suff. 119 RAE CT Vallejo, CA 94591				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 CA SDI 763.76		12c					
						12d					
f Employee's address and ZIP code											
15 State Employer's state ID number CA 12759411		16 State wages, tips, etc. 68,723.96		17 State income tax 809.27		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

VOID <input type="checkbox"/>		a Employee's social security number 607-25-1251		OMB No. 1545-0008							
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 12,688.34		2 Federal income tax withheld 1,158.29					
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 12,688.34		4 Social security tax withheld 786.68					
				5 Medicare wages and tips 12,688.34		6 Medicare tax withheld 183.98					
				7 Social security tips		8 Allocated tips					
d Control number 59				9		10 Dependent care benefits					
e Employee's first name and initial Yojaira M Last name Orizabal Suff. 816 Florida Richmon, CA 94804				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 CA SDI 139.57		12c					
						12d					
f Employee's address and ZIP code											
15 State Employer's state ID number CA 12759411		16 State wages, tips, etc. 12,688.34		17 State income tax 225.02		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

VOID <input type="checkbox"/>		a Employee's social security number 229-55-1969		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796		1 Wages, tips, other compensation 31,555.18		2 Federal income tax withheld 2,675.69		
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133		3 Social security wages 31,555.18		4 Social security tax withheld 1,956.42		
		5 Medicare wages and tips 31,555.18		6 Medicare tax withheld 457.55		
		7 Social security tips		8 Allocated tips		
d Control number 66		9		10 Dependent care benefits		
e Employee's first name and initial Jason A Last name Otting 243 Buena Vista Ave #1505 Sunnyvale, CA 94086		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 CA SDI 347.12		12c		
				12d		
f Employee's address and ZIP code						
15 State CA	Employer's state ID number 12759411	16 State wages, tips, etc. 31,555.18	17 State income tax 951.49	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 604-41-7604		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796		1 Wages, tips, other compensation 8,767.01		2 Federal income tax withheld 670.50		
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133		3 Social security wages 8,767.01		4 Social security tax withheld 543.55		
		5 Medicare wages and tips 8,767.01		6 Medicare tax withheld 127.12		
		7 Social security tips		8 Allocated tips		
d Control number 71		9		10 Dependent care benefits		
e Employee's first name and initial VANESSA R Last name PADILLA 1100 PEDRAS RD APT#213 TURLOCK, CA 95382		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 CA SDI 96.43		12c		
				12d		
f Employee's address and ZIP code						
15 State CA	Employer's state ID number 12759411	16 State wages, tips, etc. 8,767.01	17 State income tax 226.50	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 620-91-1528		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 1,242.00	2 Federal income tax withheld 72.69	
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 1,242.00	4 Social security tax withheld 77.00	
				5 Medicare wages and tips 1,242.00	6 Medicare tax withheld 18.01	
				7 Social security tips	8 Allocated tips	
d Control number 20				9	10 Dependent care benefits	
e Employee's first name and initial Last name Suff. Alfredo A Paredes Ramirez 1126 3rd St. Rodco, CA 94527				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 CA SDI 13.66	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
CA	12759411	1,242.00	14.82			

VOID <input type="checkbox"/>		a Employee's social security number 634-09-1865		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 31,143.40	2 Federal income tax withheld 2,821.58	
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 31,143.40	4 Social security tax withheld 1,930.89	
				5 Medicare wages and tips 31,143.40	6 Medicare tax withheld 451.58	
				7 Social security tips	8 Allocated tips	
d Control number 68				9	10 Dependent care benefits	
e Employee's first name and initial Last name Suff. Hector Perez 900 B St. Union City, CA 94587				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 CA SDI 342.59	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
CA	12759411	31,143.40	1,130.02			

VOID <input type="checkbox"/>		a Employee's social security number 629-49-1786		OMB No. 1545-0008							
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 19,812.80		2 Federal income tax withheld 795.41					
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 19,812.80		4 Social security tax withheld 1,228.39					
				5 Medicare wages and tips 19,812.80		6 Medicare tax withheld 287.29					
				7 Social security tips		8 Allocated tips					
d Control number 65				9		10 Dependent care benefits					
e Employee's first name and initial Yunior Last name Perez Suff. 765 O'Farrel Apt#43 San Francisco, CA 94109 f Employee's address and ZIP code				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 CA SDI 217.92		12c					
						12d					
15 State Employer's state ID number CA 12759411		16 State wages, tips, etc. 19,812.80		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

VOID <input type="checkbox"/>		a Employee's social security number 665-30-1833		OMB No. 1545-0008							
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 19,600.42		2 Federal income tax withheld 2,194.08					
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 19,600.42		4 Social security tax withheld 1,215.23					
				5 Medicare wages and tips 19,600.42		6 Medicare tax withheld 284.21					
				7 Social security tips		8 Allocated tips					
d Control number 70				9		10 Dependent care benefits					
e Employee's first name and initial JOSE A Last name PEREZ Suff. 900 B ST. UNION CITY, CA 94587 f Employee's address and ZIP code				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 CA SDI 215.61		12c					
						12d					
15 State Employer's state ID number CA 12759411		16 State wages, tips, etc. 19,600.42		17 State income tax 657.82		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

VOID <input type="checkbox"/>		a Employee's social security number 604-64-3227		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796		1 Wages, tips, other compensation 25,248.81		2 Federal income tax withheld 1,267.07		
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133		3 Social security wages 25,248.81		4 Social security tax withheld 1,565.43		
		5 Medicare wages and tips 25,248.81		6 Medicare tax withheld 366.11		
		7 Social security tips		8 Allocated tips		
d Control number 69		9		10 Dependent care benefits		
e Employee's first name and initial NOE I Last name PEREZ Suff. 395 MOULTRIE ST. A SAN FRANCISCO, CA 94110		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 CA SDI 277.74		12c		
				12d		
f Employee's address and ZIP code						
15 State CA	Employer's state ID number 12759411	16 State wages, tips, etc. 25,248.81	17 State income tax 430.78	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 624-28-5390		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796		1 Wages, tips, other compensation 8,436.37		2 Federal income tax withheld 594.05		
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133		3 Social security wages 8,436.37		4 Social security tax withheld 523.05		
		5 Medicare wages and tips 8,436.37		6 Medicare tax withheld 122.33		
		7 Social security tips		8 Allocated tips		
d Control number 73		9		10 Dependent care benefits		
e Employee's first name and initial RAUL Last name PEREZ Suff. 2879 BRYANT ST San Francisco, CA 94110		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 CA SDI 92.80		12c		
				12d		
f Employee's address and ZIP code						
15 State CA	Employer's state ID number 12759411	16 State wages, tips, etc. 8,436.37	17 State income tax 87.61	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 985-71-6038		OMB No. 1545-0008							
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 1,071.00		2 Federal income tax withheld					
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 1,071.00		4 Social security tax withheld 66.40					
				5 Medicare wages and tips 1,071.00		6 Medicare tax withheld 15.53					
				7 Social security tips		8 Allocated tips					
d Control number 77				9		10 Dependent care benefits					
e Employee's first name and initial Last name Suff. Carlos Podilla 438 Lily St. San Francisco, CA 94102 f Employee's address and ZIP code				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 CA SDI 11.78		12c					
						12d					
15 State Employer's state ID number CA 12759411		16 State wages, tips, etc. 1,071.00		17 State income tax 10.21		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

VOID <input type="checkbox"/>		a Employee's social security number 623-10-7824		OMB No. 1545-0008							
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 54,557.34		2 Federal income tax withheld 4,671.22					
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 54,557.34		4 Social security tax withheld 3,382.56					
				5 Medicare wages and tips 54,557.34		6 Medicare tax withheld 791.08					
				7 Social security tips		8 Allocated tips					
d Control number 39				9		10 Dependent care benefits					
e Employee's first name and initial Last name Suff. Roberto Jarquin Ramirez 2257 Mason St #1 San Francisco, CA 94133 f Employee's address and ZIP code				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 CA SDI 596.93		12c					
						12d					
15 State Employer's state ID number CA 12759411		16 State wages, tips, etc. 54,557.34		17 State income tax 1,632.48		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

VOID <input type="checkbox"/>		a Employee's social security number 627-46-8163		OMB No. 1545-0008							
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 30,706.90		2 Federal income tax withheld 2,018.10					
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 30,706.90		4 Social security tax withheld 1,903.83					
				5 Medicare wages and tips 30,706.90		6 Medicare tax withheld 445.25					
				7 Social security tips		8 Allocated tips					
d Control number 62				9		10 Dependent care benefits					
e Employee's first name and initial Last name Suff. Giovana B Reyes Gato 949 Capp St APT 7 San Francisco, CA 94110 f Employee's address and ZIP code				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 CA SDI 337.76		12c					
						12d					
15 State Employer's state ID number CA 12759411		16 State wages, tips, etc. 30,706.90		17 State income tax 100.05		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

VOID <input type="checkbox"/>		a Employee's social security number 613-60-1246		OMB No. 1545-0008							
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 10,324.82		2 Federal income tax withheld 761.91					
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 10,324.82		4 Social security tax withheld 640.14					
				5 Medicare wages and tips 10,324.82		6 Medicare tax withheld 149.71					
				7 Social security tips		8 Allocated tips					
d Control number 10				9		10 Dependent care benefits					
e Employee's first name and initial Last name Suff. Rocael Reyes Veliz 1101 Road 20 San Pablo, CA 94806 f Employee's address and ZIP code				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 CA SDI 113.57		12c					
						12d					
15 State Employer's state ID number CA 12759411		16 State wages, tips, etc. 10,324.82		17 State income tax 265.71		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

VOID <input type="checkbox"/>		a Employee's social security number 610-14-1562		OMB No. 1545-0008							
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 31,275.27		2 Federal income tax withheld 3,606.26					
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 31,275.27		4 Social security tax withheld 1,939.07					
				5 Medicare wages and tips 31,275.27		6 Medicare tax withheld 453.49					
				7 Social security tips		8 Allocated tips					
d Control number 67				9		10 Dependent care benefits					
e Employee's first name and initial Efrain Last name Rios 329 Evergreen Dr South San Francisco, CA 94080				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 CA SDI 344.03		12c					
						12d					
f Employee's address and ZIP code											
15 State Employer's state ID number CA 12759411		16 State wages, tips, etc. 31,275.27		17 State income tax 1,093.28		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

VOID <input type="checkbox"/>		a Employee's social security number 571-57-9096		OMB No. 1545-0008							
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 56,156.28		2 Federal income tax withheld 2,702.75					
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 56,156.28		4 Social security tax withheld 3,481.69					
				5 Medicare wages and tips 56,156.28		6 Medicare tax withheld 814.27					
				7 Social security tips		8 Allocated tips					
d Control number 35				9		10 Dependent care benefits					
e Employee's first name and initial Felipe Last name Robles 1140 Marsh Wren Ct Patterson, CA 95363				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 CA SDI 613.47		12c					
						12d					
f Employee's address and ZIP code											
15 State Employer's state ID number CA 12759411		16 State wages, tips, etc. 56,156.28		17 State income tax 919.26		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

VOID <input type="checkbox"/>		a Employee's social security number 058-46-2389		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 20,987.50	2 Federal income tax withheld 611.53	
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 20,987.50	4 Social security tax withheld 1,301.23	
				5 Medicare wages and tips 20,987.50	6 Medicare tax withheld 304.32	
				7 Social security tips	8 Allocated tips	
d Control number 26				9	10 Dependent care benefits	
e Employee's first name and initial Last name Suff. Lizbeth Rodriguez 1109 Scott St San Bruno, CA 94066				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 CA SDI 229.22	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
CA	12759411	20,987.50	152.75			

VOID <input type="checkbox"/>		a Employee's social security number 566-88-8881		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 71,987.02	2 Federal income tax withheld 7,473.95	
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 71,987.02	4 Social security tax withheld 4,463.20	
				5 Medicare wages and tips 71,987.02	6 Medicare tax withheld 1,043.81	
				7 Social security tips	8 Allocated tips	
d Control number 4				9	10 Dependent care benefits	
e Employee's first name and initial Last name Suff. Jose Rodriguez Cervantes 217 8th Ln South San Francisco, CA 94080				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 CA SDI 804.40	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
CA	12759411	71,987.02	3,060.62			

VOID <input type="checkbox"/>		a Employee's social security number 709-23-3410		OMB No. 1545-0008			
b Employer identification number (EIN) 84-4552796			1 Wages, tips, other compensation 205,341.50		2 Federal income tax withheld 40,495.62		
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133			3 Social security wages 168,600.00		4 Social security tax withheld 10,453.20		
			5 Medicare wages and tips 205,341.50		6 Medicare tax withheld 3,025.53		
			7 Social security tips		8 Allocated tips		
d Control number 5			9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. Jose Rodriguez Delgado 119 Rae Ct Vallejo, CA 94591			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 CA SDI 2,257.23		12c		
					12d		
f Employee's address and ZIP code							
15 State Employer's state ID number CA 12759411		16 State wages, tips, etc. 205,341.50		17 State income tax 18,111.59		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

VOID <input type="checkbox"/>		a Employee's social security number 111-97-9564		OMB No. 1545-0008			
b Employer identification number (EIN) 84-4552796			1 Wages, tips, other compensation 205,385.70		2 Federal income tax withheld 39,382.49		
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133			3 Social security wages 168,600.00		4 Social security tax withheld 10,453.20		
			5 Medicare wages and tips 205,385.70		6 Medicare tax withheld 3,026.56		
			7 Social security tips		8 Allocated tips		
d Control number 12			9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. Luis E Rodriguez Delgado 119 Rae Ct Vallejo, CA 94591			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 CA SDI 2,257.23		12c		
					12d		
f Employee's address and ZIP code							
15 State Employer's state ID number CA 12759411		16 State wages, tips, etc. 205,385.70		17 State income tax 16,691.26		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

VOID <input type="checkbox"/>		a Employee's social security number 629-74-9850		OMB No. 1545-0008	
b Employer identification number (EIN) 84-4552796		1 Wages, tips, other compensation 171,201.77		2 Federal income tax withheld 15,820.62	
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133		3 Social security wages 168,600.00		4 Social security tax withheld 10,453.20	
		5 Medicare wages and tips 171,201.77		6 Medicare tax withheld 2,482.43	
		7 Social security tips		8 Allocated tips	
d Control number 6		9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. Juan A Rodriguez Gutierrez 109 Scott St. San Bruno, CA 94066		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 CA SDI 1,874.21		12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state ID number CA 12759411	16 State wages, tips, etc. 171,201.77	17 State income tax 6,884.04	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 607-45-8937		OMB No. 1545-0008	
b Employer identification number (EIN) 84-4552796		1 Wages, tips, other compensation 26,900.00		2 Federal income tax withheld 16.84	
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133		3 Social security wages 26,900.00		4 Social security tax withheld 1,667.80	
		5 Medicare wages and tips 26,900.00		6 Medicare tax withheld 390.05	
		7 Social security tips		8 Allocated tips	
d Control number 38		9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. Alicia Rodriguez Torres 6122 Holmes Ave Los Angeles, CA 90001		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 CA SDI 293.66		12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state ID number CA 12759411	16 State wages, tips, etc. 26,900.00	17 State income tax 244.61	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 355-21-1211		OMB No. 1545-0008	
b Employer identification number (EIN) 84-4552796		1 Wages, tips, other compensation 200,364.56		2 Federal income tax withheld 39,148.64	
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133		3 Social security wages 168,600.00		4 Social security tax withheld 10,453.20	
		5 Medicare wages and tips 200,364.56		6 Medicare tax withheld 2,908.57	
		7 Social security tips		8 Allocated tips	
d Control number 7		9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. Juan L Rodriguez Torres 119 Rae Ct. Vallejo, CA 94591		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 CA SDI 2,263.58		12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state ID number CA 12759411	16 State wages, tips, etc. 200,364.56	17 State income tax 17,602.51	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 624-70-3262		OMB No. 1545-0008	
b Employer identification number (EIN) 84-4552796		1 Wages, tips, other compensation 62,849.17		2 Federal income tax withheld 5,631.54	
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133		3 Social security wages 62,849.17		4 Social security tax withheld 3,896.65	
		5 Medicare wages and tips 62,849.17		6 Medicare tax withheld 911.31	
		7 Social security tips		8 Allocated tips	
d Control number 36		9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. Tanya D Sandoval Angulo 655 Old County Rd #226 Belmont CA, CA 94002		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 CA SDI 686.66		12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state ID number CA 12759411	16 State wages, tips, etc. 62,849.17	17 State income tax 2,126.68	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 686-32-7214		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796			1 Wages, tips, other compensation 22,683.80		2 Federal income tax withheld 1,731.49	
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133			3 Social security wages 22,683.80		4 Social security tax withheld 1,406.40	
			5 Medicare wages and tips 22,683.80		6 Medicare tax withheld 328.92	
			7 Social security tips		8 Allocated tips	
d Control number 50			9		10 Dependent care benefits	
e Employee's first name and initial Eris Last name Silva Aguilar 834 Linden Ave South San Francisco, CA 94080			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 CA SDI 245.52		12c	
					12d	
f Employee's address and ZIP code						
15 State CA	Employer's state ID number 12759411	16 State wages, tips, etc. 22,683.80	17 State income tax 450.88	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 559-77-4595		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796			1 Wages, tips, other compensation 117,528.17		2 Federal income tax withheld 19,876.22	
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133			3 Social security wages 117,528.17		4 Social security tax withheld 7,286.75	
			5 Medicare wages and tips 117,528.17		6 Medicare tax withheld 1,704.16	
			7 Social security tips		8 Allocated tips	
d Control number 41			9		10 Dependent care benefits	
e Employee's first name and initial Gabriel J Last name Trujillo 103 Lexington St. San Francisco, CA 94110			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 CA SDI 1,287.83		12c	
					12d	
f Employee's address and ZIP code						
15 State CA	Employer's state ID number 12759411	16 State wages, tips, etc. 117,528.17	17 State income tax 7,483.52	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 621-20-1764		OMB No. 1545-0008	
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 47,231.96	2 Federal income tax withheld 2,274.62
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 47,231.96	4 Social security tax withheld 2,928.38
				5 Medicare wages and tips 47,231.96	6 Medicare tax withheld 684.86
				7 Social security tips	8 Allocated tips
d Control number 52				9	10 Dependent care benefits
e Employee's first name and initial Last name Suff. Jose L Truleque Pat 888 oFarrell St W705 San Francisco, CA 94109 f Employee's address and ZIP code				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 CA SDI 519.56	12c
					12d
15 State Employer's state ID number CA 12759411	16 State wages, tips, etc. 47,231.96	17 State income tax 420.45	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 624-19-6287		OMB No. 1545-0008	
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 30,764.70	2 Federal income tax withheld 2,241.35
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 30,764.70	4 Social security tax withheld 1,907.41
				5 Medicare wages and tips 30,764.70	6 Medicare tax withheld 446.09
				7 Social security tips	8 Allocated tips
d Control number 56				9	10 Dependent care benefits
e Employee's first name and initial Last name Suff. Gabriela Uluac-Puc 8880 O'Farrell St W705 San Francisco, CA 94109 f Employee's address and ZIP code				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 CA SDI 338.42	12c
					12d
15 State Employer's state ID number CA 12759411	16 State wages, tips, etc. 30,764.70	17 State income tax 806.14	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 512-36-7291		OMB No. 1545-0008							
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 15,689.40		2 Federal income tax withheld 795.60					
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 15,689.40		4 Social security tax withheld 972.74					
				5 Medicare wages and tips 15,689.40		6 Medicare tax withheld 227.50					
				7 Social security tips		8 Allocated tips					
d Control number 64				9		10 Dependent care benefits					
e Employee's first name and initial Last name Suff. Alejandro Vargas 1751 Market St. Apt 1 San Francisco, CA 94103 f Employee's address and ZIP code				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 CA SDI 172.60		12c					
						12d					
15 State Employer's state ID number CA 12759411		16 State wages, tips, etc. 15,689.40		17 State income tax 244.76		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

VOID <input type="checkbox"/>		a Employee's social security number 532-65-9022		OMB No. 1545-0008							
b Employer identification number (EIN) 84-4552796				1 Wages, tips, other compensation 46,338.11		2 Federal income tax withheld 1,852.34					
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133				3 Social security wages 46,338.11		4 Social security tax withheld 2,872.96					
				5 Medicare wages and tips 46,338.11		6 Medicare tax withheld 671.90					
				7 Social security tips		8 Allocated tips					
d Control number 23				9		10 Dependent care benefits					
e Employee's first name and initial Last name Suff. Ismael Vasquez 2528 Dover Ave San Paolo, CA 94806 f Employee's address and ZIP code				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 CA SDI 505.81		12c					
						12d					
15 State Employer's state ID number CA 12759411		16 State wages, tips, etc. 46,338.11		17 State income tax 63.27		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

VOID <input type="checkbox"/>		a Employee's social security number 619-07-1830		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796			1 Wages, tips, other compensation 40,316.03		2 Federal income tax withheld 3,393.03	
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133			3 Social security wages 40,316.03		4 Social security tax withheld 2,499.59	
			5 Medicare wages and tips 40,316.03		6 Medicare tax withheld 584.58	
			7 Social security tips		8 Allocated tips	
d Control number 55			9		10 Dependent care benefits	
e Employee's first name and initial Alexis R Last name Vega Cabanilla Suff. 765 O'Farrell St San Francisco, CA 94109			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 CA SDI 443.46		12c	
					12d	
f Employee's address and ZIP code						
15 State CA	Employer's state ID number 12759411	16 State wages, tips, etc. 40,316.03	17 State income tax 1,331.52	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 553-08-5323		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796			1 Wages, tips, other compensation 32,034.04		2 Federal income tax withheld 2,081.32	
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133			3 Social security wages 32,034.04		4 Social security tax withheld 1,986.11	
			5 Medicare wages and tips 32,034.04		6 Medicare tax withheld 464.49	
			7 Social security tips		8 Allocated tips	
d Control number 8			9		10 Dependent care benefits	
e Employee's first name and initial Victor Last name Villalpando Suff. 1107 Mission Rd. Apt#301 South San Francisco, CA 94080			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 CA SDI 352.37		12c	
					12d	
f Employee's address and ZIP code						
15 State CA	Employer's state ID number 12759411	16 State wages, tips, etc. 32,034.04	17 State income tax 738.25	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 434-23-5583		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796		1 Wages, tips, other compensation 14,760.30		2 Federal income tax withheld 1,115.89		
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133		3 Social security wages 14,760.30		4 Social security tax withheld 915.14		
		5 Medicare wages and tips 14,760.30		6 Medicare tax withheld 214.02		
		7 Social security tips		8 Allocated tips		
d Control number 49		9		10 Dependent care benefits		
e Employee's first name and initial Cristopher Last name Winters 219 Santa Lucia Ave San Bruno, CA 94066		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 CA SDI 158.59		12c		
				12d		
f Employee's address and ZIP code						
15 State CA	Employer's state ID number 12759411	16 State wages, tips, etc. 14,760.30	17 State income tax 286.31	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 627-51-8914		OMB No. 1545-0008		
b Employer identification number (EIN) 84-4552796		1 Wages, tips, other compensation 72,374.80		2 Federal income tax withheld 7,763.58		
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133		3 Social security wages 72,374.80		4 Social security tax withheld 4,487.24		
		5 Medicare wages and tips 72,374.80		6 Medicare tax withheld 1,049.43		
		7 Social security tips		8 Allocated tips		
d Control number 42		9		10 Dependent care benefits		
e Employee's first name and initial Jamex L Last name Zelada Ramirez 1227 Hampshire St. Apt 34 San Francisco, CA 94110		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 CA SDI 791.93		12c		
				12d		
f Employee's address and ZIP code						
15 State CA	Employer's state ID number 12759411	16 State wages, tips, etc. 72,374.80	17 State income tax 3,203.12	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

VOID <input type="checkbox"/>		a Employee's social security number 606-51-8832		OMB No. 1545-0008							
b Employer identification number (EIN) 84-4552796			1 Wages, tips, other compensation 15,146.90		2 Federal income tax withheld 1,258.87						
c Employer's name, address, and ZIP code Ocomar Enterprises LLC 350 Bay Street Ste 100-374 San Francisco, CA 94133			3 Social security wages 15,146.90		4 Social security tax withheld 939.11						
			5 Medicare wages and tips 15,146.90		6 Medicare tax withheld 219.63						
			7 Social security tips		8 Allocated tips						
d Control number 47			9		10 Dependent care benefits						
e Employee's first name and initial Victor A Last name Zuniga 6122 Holmes Ave Los Angeles, CA 90001 f Employee's address and ZIP code			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 CA SDI 163.11		12c						
					12d						
15 State Employer's state ID number CA 12759411		16 State wages, tips, etc. 15,146.90		17 State income tax 236.63		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

VOID <input type="checkbox"/>		a Employee's social security number		OMB No. 1545-0008							
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld						
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld						
			5 Medicare wages and tips		6 Medicare tax withheld						
			7 Social security tips		8 Allocated tips						
d Control number			9		10 Dependent care benefits						
e Employee's first name and initial Last name Suff. f Employee's address and ZIP code			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						
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	

33333		a Control number		For Official Use Only ► OMB No. 1545-0008											
b Kind of Payer (Check one)		941 <input checked="" type="checkbox"/>		Military <input type="checkbox"/>		943 <input type="checkbox"/>		944 <input type="checkbox"/>		Kind of Employer (Check one)	None apply <input checked="" type="checkbox"/>		501c non-govt. <input type="checkbox"/>		Third-party sick pay (Check if applicable)
		CT-1 <input type="checkbox"/>		Hshld. Emp. <input type="checkbox"/>		Medicare govt. emp. <input type="checkbox"/>					State/local non-501c <input type="checkbox"/>		State/local 501c <input type="checkbox"/>		
c Total number of Forms W-2 65		d Establishment number		1 Wages, tips, other compensation 2,847,944.17				2 Federal income tax withheld 296,463.64							
e Employer identification number (EIN) 84-4552796				3 Social security wages 2,740,050.64				4 Social security tax withheld 169,883.17							
f Employer's name Ocomar Enterprises LLC				5 Medicare wages and tips 2,847,944.17				6 Medicare tax withheld 41,395.03							
g Employer's address and ZIP code 350 Bay Street Ste 100-374 San Francisco, CA 94133				7 Social security tips				8 Allocated tips							
				9				10 Dependent care benefits							
				11 Nonqualified plans				12a Deferred compensation 5,094.21							
h Other EIN used this year				13 For third-party sick pay use only				12b							
15 State Employer's state ID number CA 12759411				14 Income tax withheld by payer of third-party sick pay											
16 State wages, tips, etc. 2,847,944.17		17 State income tax 111,249.78		18 Local wages, tips, etc.				19 Local income tax							
Employer's contact person Jose Rodriguez				Employer's telephone number				For Official Use Only 0000/1057							
Employer's fax number				Employer's email address jose@ocomarfoods.com											

Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature:

Title:

Date:

1/20/2025

Form **W-3** Transmittal of Wage and Tax Statements **2024**

Department of the Treasury
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA).

Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA.

Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Separate instructions. See the 2024 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms **must** comply with IRS standards and be machine readable. Photocopies are **not** acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for 4 years.

E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

• **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.

• **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's *Specifications for Filing Forms W-2 Electronically (EFW2)*.

W-2 Online fill-in forms or file uploads will be on time if submitted by **January 31, 2025**. For more information, go to www.SSA.gov/bso. First time filers, select "Register"; returning filers select "Log In."

When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by **January 31, 2025**

Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

**Social Security Administration
Direct Operations Center
Wilkes-Barre, PA 18769-0001**

Note: If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Pub. 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Black and White Form W-3 (Revised 08/24)