							Federal Box 1	Soc. Sec. Box 3	& 7 Medicare Box 5
To the right is an	explanation of t	the contents of	the wad	ge boxes on your W-2.	Gross Wag	jes	123105.	92 123105	.92 123105.92
To the right is an explanation of the contents of the wage boxes on your W-2. Please note that the Gross amount shown may include adjustments.					Txbl Benef		285.	00 285	.00 285.00
					Group Term Life 119.			80 119	.80 119.80
					Adoption Deferred 0	Comp			
					Section 12		(3903.9	0) (3903.	90) (3903.90)
						ax/Wage Limit	,	,	, , , , , , , , , , , , , , , , , , , ,
					W-2 Wage	s	119606.	82 119606	.82 119606.82
D. CONTROL NUMBER 000057132001	This Information is to the Internal Rev		2021	OMB NO. 1545-0008	1. WAGES,	TIPS, OTHER COMPE 1196	NSATION 506.82	2. FEDERAL INCOME T	AX WITHHELD 21615.89
B. EMPLOYER IDENTIFICA	NTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER				3. SOCIAL SECURITY WAGES 119606.82			4. SOCIAL SECURITY TAX WITHHELD	
94-3062436						1196 E WAGES AND TIPS	006.82	7415.62 6. MEDICARE TAX WITHHELD	
Donor Network West 12667 Alcosta Blvd #500 San Ramon CA 94583					119606.82			1734.30	
					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS	
					9.			10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.						ALIFIED PLANS		12.a-d C	119.80
Antonio Fernandez						A SDI		W DD	1999.92 23467.86
540 Kenyon Ave. Kensington CA 94708						CA SDI	1433.85	DD	23407.80
USA								13. STATUTORY RET	IREMENT THIRD PARTY
F. EMPLOYEE'S ADDRESS  15. STATE EMPLOYER	S AND ZIP CODE ''S STATE I.D. NO.	16. STATE WAGE	ES, TIPS, E	TC. 17. STATE INCOME	TAX	18. LOCAL WAGES	i, TIPS, ETC. 19.	EMPLOYEE PLA	N SICK PAY  20. LOCALITY NAME
CA 352-232	3-9		119606	.82	8185.08				
D. CONTROL NUMBER	This Information is	s being furnished			1. WAGES,	TIPS, OTHER COMPE	NSATION	2. FEDERAL INCOME T	AX WITHHELD
000057132001	to the Internal Re	venue Service	2021	OMB NO. 1545-0008			06.82		21615.89
B. EMPLOYER IDENTIFICA 94-3062436	ATION NUMBER	A. EMPLOYEE'S : 548-47-9750	SOCIAL SEC	URITY NUMBER	3. SOCIAL S	ECURITY WAGES 1196	06.82	4. SOCIAL SECURITY 1	7415.62
C. EMPLOYER'S NAME, A		CODE			5. MEDICAR	E WAGES AND TIPS		6. MEDICARE TAX WI	THHELD
Donor Network West 12667 Alcosta Blvd						1196 ECURITY TIPS	506.82	8. ALLOCATED TIPS	1734.30
#500 San Ramon CA 94583									
					9.			10. DEPENDENT CARE BENEFITS	
					11. NONQUA	ALIFIED PLANS		12.a-d C	119.80
Antonio Fernandez 540 Kenyon Ave.						CA SDI	1433.85	W DD	1999.92 23467.86
Kensington CA 9470	8					A 3D1	1433.03		
								13. STATUTORY RET	IREMENT THIRD PARTY N SICK PAY
	'S STATE I.D. NO.	16. STATE WAGE				18. LOCAL WAGES	s, TIPS, ETC. 19	LOCAL INCOME TAX	20. LOCALITY NAME
CA 352-232 Copy 2 To be filed		o's STATE CI	119606		8185.08		Dent of t	he Treasury - Inte	 rnal Revenue Service
FORM W-2 Wag			11, 01 20	JCAL TAX TETATI	2021		осра от а	ne rreasury mee	mar nevenue service
D. CONTROL NUMBER	This Information is	being furnished		OMB NO. 1545-0008	1. WAGES,	TIPS, OTHER COMPE		2. FEDERAL INCOME T	AX WITHHELD
000057132001	to the Internal Rev		2021				506.82	A COCIAL SECURITY 3	21615.89
B. EMPLOYER IDENTIFICATION NUMBER 94-3062436 A. EMPLOYEE'S SOCIAL SECURITY NUMBER 548-47-9750					3. SOCIAL SECURITY WAGES 119606.82			4. SOCIAL SECURITY TAX WITHHELD 7415.62	
Donor Network West 12667 Alcosta Blvd #500 San Ramon CA 94583						E WAGES AND TIPS	506.82	6. MEDICARE TAX WITHHELD 1734.30	
						ECURITY TIPS	.00.02	8. ALLOCATED TIPS	
								10. DEPENDENT CARE BENEFITS	
					9.			10. DEPENDENT CARE	BENEFIL2
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Antonio Fernandez						ALIFIED PLANS		12.a-d C	119.80
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Kensington CA 9470 USA	8								
F. EMPLOYEE'S ADDRESS	S AND 7IP CODE							13. STATUTORY RET	REMENT THIRD PARTY N SICK PAY
15. STATE EMPLOYER	'S STATE I.D. NO.	16. STATE WAGE			TAX 8185.08	18. LOCAL WAGES	6, TIPS, ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME
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D. CONTROL NUMBER 000057132001	This Information is to the Internal Rev		2021	OMB NO. 1545-0008	1. WAGES,	TIPS, OTHER COMPE		2. FEDERAL INCOME T	
B. EMPLOYER IDENTIFICA		A. EMPLOYEE'S				ECURITY WAGES	506.82	4. SOCIAL SECURITY 1	21615.89 TAX WITHHELD
94-3062436 548-47-9750					119606.82			7415.62	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE  Donor Network West						E WAGES AND TIPS 1196	506.82	6. MEDICARE TAX WITHHELD 1734.30	
12667 Alcosta Blvd					7. SOCIAL SE	ECURITY TIPS		8. ALLOCATED TIPS	
#500 San Ramon CA 94583								10. DEPENDENT CARE	RENEEITS
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E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.  Antonio Fernandez						ALIFIED PLANS		12.a-d C	119.80
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F. EMPLOYEE'S ADDRESS	S AND 7IP CODE							13. STATUTORY RET	IREMENT THIRD PARTY SICK PAY
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