

<b>b Employer's Identification number</b>		27-0030296		<b>12a See instructions for Box 12</b>		<b>1 Wages, tips, other compensation</b>		<b>2 Federal income tax withheld</b>	
<b>c Employer's name, address, and ZIP code</b>		PROTINGENT, INC. 16650 NE 79TH ST STE 200 REDMOND WA 98052-4442		\$		24020.00		2467.00	
				<b>12b</b>		<b>3 Social security wages</b>		<b>4 Social security tax withheld</b>	
				\$		24020.00		1008.84	
				<b>12c</b>		<b>5 Medicare wages and tips</b>		<b>6 Medicare tax withheld</b>	
				\$		24020.00		348.29	
				<b>12d</b>		<b>7 Social security tips</b>		<b>8 Allocated tips</b>	
				\$					
<b>e Employee's first name and initial</b>		<b>Last name</b>				<b>9 Advance EIC payment</b>		<b>10 Dependent care benefits</b>	
HIEU PHAM									
23326 - 20TH AVE SE						<b>11 Nonqualified plans</b>		<b>13</b> Statutory employee	
BOTHELL WA 98021								Retirement plan	
								Third-party sick pay	
				<b>COPY FOR EMPLOYER</b>		<b>14 Other</b>			
				<b>d Employee's soc. sec. no</b>					
				534-92-9288					
<b>f Employee's address and ZIP code</b>									
<b>15 State</b>	<b>Employer's state I.D. No.</b>	<b>16 State wages, tips, etc.</b>	<b>17 State income tax</b>	<b>18 Local wages, tips, etc.</b>	<b>19 Local income tax</b>	<b>20 Locality name</b>			
WA				24020.00	43.22	WA - L&I EMPLOYE			

Form W-2 Wage and Tax Statement 2011

Department of the Treasury-Internal Revenue Service

OMB # 1545-0008