

1 Wages, tips, other compensation		112959.31		2 Federal Income tax withheld		20016.51	
3 Social security wages		119452.45		4 Social security tax withheld		7406.05	
5 Medicare wages and tips		119452.45		6 Medicare tax withheld		1732.06	
a Employee's SSA number 606-32-4494				Employer use only			
b Employer's FED ID number 95-1240335				d Control number 00071013			
c Employer's name, address, and ZIP code  Southern California Edison Co. 2244 Walnut Grove Ave. Rosemead CA 91770-3714							
7 Social security tips				8 Allocated tips			
9 <div></div>				10 Dependent care benefits			
11 Nonqualified plans				12a See instructions for box 12 DD 6702.72			
13 Statutory employee Retirement plan Third-Party Sick pay X				12b C 395.52			
14 Other CA VDI Tax 1190.57				12c D 6493.14			
				12d			
e Employee's first name and initial Last name Suff. Benjamin C Wang 869 W WALNUT AVE Apt J Monrovia CA 91016							
f Employee's address and ZIP code							
15 State CA		Employer's state ID 001-5383-3		18 Local wages, tips, etc			
16 State wages, tips, etc. 112959.31				19 Local income tax			
17 State income tax 8071.06				20 Locality name			
Form OMB. No. 1545-0008 W-2 Wage and Tax Statement 2020 Copy C for Employee's records							

1 Wages, tips, other compensation		112959.31		2 Federal Income tax withheld		20016.51	
3 Social security wages		119452.45		4 Social security tax withheld		7406.05	
5 Medicare wages and tips		119452.45		6 Medicare tax withheld		1732.06	
a Employee's SSA number 606-32-4494				Employer use only			
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e Employee's first name and initial Last name Suff. Benjamin C Wang 869 W WALNUT AVE Apt J Monrovia CA 91016							
f Employee's address and ZIP code							
15 State CA		Employer's state ID 001-5383-3		18 Local wages, tips, etc			
16 State wages, tips, etc. 112959.31				19 Local income tax			
17 State income tax 8071.06				20 Locality name			
Form OMB. No. 1545-0008 W-2 Wage and Tax Statement 2020 Copy 2 To Be Filed With Employee's STATE Income Tax Return							

1 Wages, tips, other compensation		112959.31		2 Federal Income tax withheld		20016.51	
3 Social security wages		119452.45		4 Social security tax withheld		7406.05	
5 Medicare wages and tips		119452.45		6 Medicare tax withheld		1732.06	
a Employee's SSA number 606-32-4494				Employer use only			
b Employer's FED ID number 95-1240335				d Control number 00071013			
c Employer's name, address, and ZIP code  Southern California Edison Co. 2244 Walnut Grove Ave. Rosemead CA 91770-3714							
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				12d			
e Employee's first name and initial Last name Suff. Benjamin C Wang 869 W WALNUT AVE Apt J Monrovia CA 91016							
f Employee's address and ZIP code							
15 State CA		Employer's state ID 001-5383-3		18 Local wages, tips, etc			
16 State wages, tips, etc. 112959.31				19 Local income tax			
17 State income tax 8071.06				20 Locality name			
Form OMB. No. 1545-0008 W-2 Wage and Tax Statement 2020 Copy B To Be Filed With Employee's FEDERAL Tax Return							

1 Wages, tips, other compensation		112959.31		2 Federal Income tax withheld		20016.51	
3 Social security wages		119452.45		4 Social security tax withheld		7406.05	
5 Medicare wages and tips		119452.45		6 Medicare tax withheld		1732.06	
a Employee's SSA number 606-32-4494				Employer use only			
b Employer's FED ID number 95-1240335				d Control number 00071013			
c Employer's name, address, and ZIP code  Southern California Edison Co. 2244 Walnut Grove Ave. Rosemead CA 91770-3714							
7 Social security tips				8 Allocated tips			
9 <div></div>				10 Dependent care benefits			
11 Nonqualified plans				12a See instructions for box 12 DD 6702.72			
13 Statutory employee Retirement plan Third-Party Sick pay X				12b C 395.52			
14 Other CA VDI Tax 1190.57				12c D 6493.14			
				12d			
e Employee's first name and initial Last name Suff. Benjamin C Wang 869 W WALNUT AVE Apt J Monrovia CA 91016							
f Employee's address and ZIP code							
15 State CA		Employer's state ID 001-5383-3		18 Local wages, tips, etc			
16 State wages, tips, etc. 112959.31				19 Local income tax			
17 State income tax 8071.06				20 Locality name			
Form OMB. No. 1545-0008 W-2 Wage and Tax Statement 2020 Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return							