Employee Reference Copy Wage and Tax Statement

Copy C for employee's records.

Dept. 103302 SANF/F1V 000460

Corp.

Employer use only 252

Employer's name, address, and ZIP code CASTLIGHT HEALTH INC 150 SPEAR ST STE 400 SAN FRANCISCO CA 94105

Batch #01831

e/f Employee's name, address, and ZIP code **ERIKA HERNANDEZ**

7123 S BRITTANY TOWN DR WEST JORDAN UT 84084-4603

b	Emplo	oyer's FED ID number 26-1989091	a Employee's SSA number XXX-XX-5373	
1	Wage	es, tips, other comp.	2 Federal income tax withheld	
	2005.20		169.22	
3	Social security wages		4 Social security tax withheld	
		2005.20	124.32	
5	Medic	are wages and tips	6 Medicare tax withheld	
	2005.20		29.08	
7	Socia	I security tips	8 Allocated tips	
9			10 Dependent care benefits	
11	11 Nonqualified plans		12a See instructions for box 12	
4/	Other		12b DD 587.72	
14	Other	1.44 LTD	12c	
		4.31 STD	12d	
	AUT OID		13 Stat emp. Ret. plan 3rd party sick pa	
15	State	Employer's state ID	no. 16 State wages, tips, etc.	
1	JT	13873933003WT	H 2005.20	
17 State income tax		income tax 99.11	18 Local wages, tips, etc.	
10	Local	income tax	00.1 124	
13	Local	mcome tax	20 Locality name	

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	UT. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	2,002.28	2,002.28	2,002.28	2,002.28
Plus GTL (C-Box 12)	2.92	2.92	2.92	2.92
Reported W-2 Wages	2,005.20	2,005.20	2,005.20	2,005.20

2. Employee Name and Address.

ERIKA HERNANDEZ 7123 S BRITTANY TOWN DR WEST JORDAN UT 84084-4603

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1	Wages, tips, other o	omp. 05.20	2	Federa	il income t	ax withheld 169.22	
3 Social security wages 2005.20		4 Social security tax withheld 124,32					
5	Medicare wages and tips 2005, 20			Medica	icare tax withheld 29.08		
d	Control number	Dept.	Įo.	Corp.	Employ	er use only	
10	03302 SANF/F1V	000460		sunta	Α	252	
c	Employer's name, a	ddress. a	nd	ZIP cod	le		

CASTLIGHT HEALTH INC 150 SPEAR ST STE 400 SAN FRANCISCO CA 94105

b	Employer's FED ID number 26-1989091	a Employee's SSA number XXX-XX-5373		
7	Social security tips	8 Allocated tips		
9		10 Dependent care benefits		
11	Nonqualified plans	12a See instructions for box 12 C 2.92		
14	Other	^{12b} DD 587.72		
	1.44 LTD	12c		
	4.31 STD	12d		
		13 Stat emp. Ret. plan 3rd party sick pay		

e/f Employee's name, address and ZIP code

ERIKA HERNANDEZ 7123 S BRITTANY TOWN DR WEST JORDAN UT 84084-4603

15 State UT	Employer's state ID no. 13873933003WTH	16 State wages, tips, etc. 2005.20
17 State	income tax 99.11	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return.

1	1 Wages, tips, other comp. 2005.20		2 Federal income tax withhe 169.2		
3 Social security wages 2005,20		4 Socia	security	tax withheld 124.32	
5	5 Medicare wages and tips 2005.20		6 Medic	are tax wi	thheld 29.08
d	Control number	Dept.	Corp.	Emplo	yer use only
10	3302 SANF/F1V	000460		A	252
c	Employer's name, a	ddress ar	d 7IP cor	le	

▼ Fold and Detach Here ¬

CASTLIGHT HEALTH INC 150 SPEAR ST STE 400 SAN FRANCISCO CA 94105

b	Employer's FED ID number 26-1989091	a Employee's SSA number XXX-XX-5373		
7	Social security tips	8 Allocated tips		
9		10 Dependent care benefits		
11	Nonqualified plans	12a C 2.92		
14	Other	^{12b} DD 587.72		
	1.44 LTD	12c		
	4.31 STD	12d		
		13 Stat emp. Ret. plan 3rd party sick p		

e/f Employee's name, address and ZIP code

ERIKA HERNANDEZ 7123 S BRITTANY TOWN DR WEST JORDAN UT 84084-4603

15 State Employer's	ID no. 16 State wages, tips, etc.
UT 138739330	e ID no. 16 State wages, tips, etc. 2005.20
17 State income tax	18 Local wages, tips, etc.
	.11
19 Local income tax	20 Locality name

UT.State Reference Copy Wage and Tax 📆 Statement

1	Wages, tips, other o	comp. 05.20	2	Federa	l income	tax withheld 169.22
3	Social security wages 2005.20		4	Social	security t	tax withheld 124.32
5	Medicare wages an 20	d tips 05.20	6	Medica	are tax wi	thheld 29.08
d	Control number	Dept.		Corp.	Emple	oyer use only
103302 SANF/F1V 000460					Α	252
_	Employer's name	ddraee a	nd	7ID cod		

CASTLIGHT HEALTH INC 150 SPEAR ST STE 400 SAN FRANCISCO CA 94105

b	Employer's FED ID number 26-1989091	a Employee's SSA number XXX-XX-5373	
7	Social security tips	8 Allocated tips	
9		10 Dependent	care benefits
11	Nonqualified plans	12a C	2.92
14	Other	^{12b} DD 587.7	
	1.44 LTD	12c	
	4.31 STD	12d	
		13 Stat emp. Ret. plan 3rd part	

e/f Employee's name, address and ZIP code

ERIKA HERNANDEZ 7123 S BRITTANY TOWN DR WEST JORDAN UT 84084-4603

AND DETACH	15 State Employer's state ID no UT 13873933003WTH	. 16 State wages, tips, etc. 2005.20
0	17 State income tax 99.11	18 Local wages, tips, etc.
FOL	19 Local income tax	20 Locality name

UT.State Filing Copy Wage and Tax Copy 2 to be filed with employee's State Income Tax Return