

		a Employee's social security number ***-**-8926		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	
b Employer identification number (EIN) 94-6001347				1 Wages, tips, other compensation 1,263.75		2 Federal income tax withheld	
c Employer's name, address, and ZIP code STATE OF CALIFORNIA MALIA M. COHEN, CALIFORNIA STATE CONTROLLER P.O. BOX 942850 SACRAMENTO, CA 94250-5878				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. S SURENDRANNAMBOOTHIRI 3007 JOHNSON AVENUE SAN LUIS OBISPO CA 93401				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	
f Employee's address and ZIP code							
15 State Employer's state ID number CA 80040397		16 State wages, tips, etc. 1,263.75		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement

2024

Department of the Treasury—Internal Revenue Service

Copy C—For EMPLOYEE'S RECORDS

(See Notice to Employee on the back of Copy B.)

Safe, accurate,
FAST! Use