

22222		a Employee's social security number ***-**-9645		OMB No. 1545-0008			
b Employer identification number (EIN) 94-6001347				1 Wages, tips, other compensation 88,761.59		2 Federal income tax withheld 12,734.03	
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 97,475.20		4 Social security tax withheld 6,043.48	
				5 Medicare wages and tips 97,475.20		6 Medicare tax withheld 1,413.44	
				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. L CARDENASJR 1714 21ST STREET APT 334 SACRAMENTO CA 95811				11 Nonqualified plans		12a C C D      1,000.00	
				13 Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b C C DD      10,232.16	
				14 Other		12c C C C	
						12d C C C	
f Employee's address and ZIP code							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
CA	80040397	88,761.59	4,744.21				

Form **W-2** Wage and Tax Statement  
Copy 1—For State, City, or Local Tax Department

2023

Department of the Treasury—Internal Revenue Service