



ABG SUNDAL COLLIER LIMITED

999-99-99-99 16769 3 C 001 11 S 66 002
CAREN REINGER
5160 MACGYVER PLAIN, WISOKYSTAD, NC 93686-3618

Your consolidated statement

For 02/19/2022

Contact us



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If you are traveling outside of the USA and have concerns about accessing your account while you are traveling, please contact your Branch Banker or call us at 800-FAKE-BNK.

Summary of your accounts

ACCOUNT NAME	ACCOUNT NUMBER	BALANCE (\$)	DETAILS ON
CHECKING	002252145165	14,704.01	page 1
Total checking and money market savings accounts		\$14,704.01	
SAVINGS	225214516536	7,051.07	page 3
Total savings accounts		\$7,051.07	



Checking and money market savings accounts

■ CHECKING 002252145165

Account summary

Your previous balance as of 02/19/2022	\$763.01
Checks	- 535.55
Other withdrawals, debits and service charges	- 710.75
Deposits, credits and interest	+ 8,087.21
Your new balance as of 06/17/2020	=
	\$14,704.01

Average Posted Balance in Statement Cycle \$9,007.91

Checks

DATE	CHECK #	AMOUNT (\$)	DATE	CHECK #	AMOUNT (\$)	DATE	CHECK #	AMOUNT (\$)
05/26	1401	450.00	06/05	*965025	101.39	06/09	985026	150.00
* indicates a skip in sequential check numbers above this item						Total checks = \$701.39		

Other withdrawals, debits and service charges can be found in full statement

UNITED STATES

DRIVER LICENSE

EXPIRES 09/21/2034



DL 6383736743891101

LN DOE
FN JOHN M.

123 ANY STREET
ANY CITY, CA 92127

DOB 09/21/1970
SSN ON FILE

DONOR

SEX M HAIR BLK EYES BLU
HGT 5'11" WGT 185LB

US 11/05/2001266737RP/AMER/19

CLASS C
END NONE





**Group Insurance of
America** | Community
Plan

Health Plan (80840)

911-87726-04

Member ID: 11-2234-10190

Group Number: AAAAA

Member:

JOHN M. DOE

PCP Name: MATEO JACKSON, PhD

PCP Phone: (920)-555-0101

Payer ID: 87726

InsurRX

Rx Bin: 610494

Rx Grp: AAAAA

Rx PCN: 00000

0501

MEDICAID PLAN OF XXXX
Administered by Amer. Insurance Community Plan, Inc.

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.

Employee Reference Copy
W-2 Wage and Tax Statement 2020
OMB No. 1545-0047

Copy 1 for employee's records

d Control number 46234 Dept. 1250 Corp. 45 Employer use only 58451

c Employer's name, address, and ZIP code

Mary A. Cummins
 2218 Fairway Drive
 Eureka, CA 95501

Batch # 2

e1 Employee's name, address, and ZIP code

Holly J. Royall
 344 Stratford Park
 Evansville, IN 47708

b Employer's FED ID number 41854 a Employee's SSA number 745402885400

1 Wages, tips, other comp. 6000	2 Federal income tax withheld 7500
3 Social security wages 2500	4 Social security tax withheld 4500
5 Medicare wages and tips 7000	6 Medicare tax withheld 9000
7 Social security tips	8 Allocated tips +8500
9	10 Dependent care benefits 3500
11 Nonqualified plans 6500	12a See instructions for box 12
14 Other CORRECT AUDITED	12b 12c 12d
15 State Employer's state ID no. 1200	16 State wages, tips, etc. 6500
17 State income tax 7800	18 Local wages, tips, etc. 3300
19 Local income tax 9850	20 Locality name 3210

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

Gross Pay	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA State Wages, Tips, Etc. Box 16 of W-2
Less Misc. Non Taxable Comp.				
Less 401(k) (D-Box 12)				
Less Medical FSA				
Less Other Cafeteria				
Less Transportation Salary Reduction				
Wages Over Limit				
Reported W-2 Wages				

2. Employee Name and Address.

Ellen B. Cates
 4601 Green Gate Lane
 Hanover, MD 21076

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CA State Reference Copy
W-2 Wage and Tax Statement 2020
Copy 2 to be filed with employee's State income Tax Return

1 Wages, tips, other comp. 6500 2 Federal income tax withheld 4500

3 Social security wages 9800 4 Social security tax withheld 6880

5 Medicare wages and tips 7800 6 Medicare tax withheld 3200

d Control number 545454 Dept. 2 Corp. 3 Employer use only

c Employer's name, address, and ZIP code

Lucy T. Sampson
 1835 Buffalo Creek Road
 Murfreesboro, TN 37130

b Employer's FED ID number 549488548 a Employee's SSA number 9987498498

7 Social security tips 4500	8 Allocated tips 8500
9	10 Dependent care benefits 3500
11 Nonqualified plans 7500	12a
14 Other 5400	12b 12c 12d
	13 Stat emp./Ret. plan 3rd party sick pay

e1 Employee's name, address and ZIP code

Jeremy M. Tracy
 3213 Beechwood Avenue
 Newark, NJ 07102

15 State Employer's state ID no. 9875456 16 State wages, tips, etc. 4500

17 State income tax 9800 18 Local wages, tips, etc. 6500

19 Local income tax 6800 20 Locality name MF

CA State Filing Copy
W-2 Wage and Tax Statement 2020
Copy 2 to be filed with employee's State income Tax Return

CA State Filing Copy
W-2 Wage and Tax Statement 2020
Copy 2 to be filed with employee's State income Tax Return

1 Wages, tips, other comp. 2 Federal income tax withheld

3 Social security wages 4 Social security tax withheld

5 Medicare wages and tips 6 Medicare tax withheld

d Control number Dept. Corp. Employer use only

c Employer's name, address, and ZIP code

b Employer's FED ID number a Employee's SSA number

7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b 12c 12d
	13 Stat emp./Ret. plan 3rd party sick pay

e1 Employee's name, address and ZIP code

15 State Employer's state ID no. 16 State wages, tips, etc.

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

180548 [Contract Amendment - Tides Center - Supportive Housing Property Management Services - Department of Homelessness and Supportive Housing - Not to Exceed \$46,386,491]

Sponsor: Mayor

Resolution approving the fourth amendment to the contract between the City and County of San Francisco and the Tides Center to provide supportive housing property management under the Delivering Innovation in Supportive Housing Program, to extend the contract term by one year, for a total term of July 1, 2008, through June 30, 2019, and to increase the contract amount by \$5,878,174 for a total contract amount of \$46,386,491.

(Fiscal Impact)

Resolution No. 214-18

ADOPTED by the following vote:

Ayes: 11 - Breed, Cohen, Fewer, Kim, Peskin, Ronen, Safai, Sheehy, Stefani, Tang, Yee

180562 [Contract Amendment - New Flyer of America Inc. - Purchase of Low Floor Diesel-Hybrid Buses - Not to Exceed \$428,654,904]

Resolution approving Amendment No. 4 to Contract No. CPT 713 (Procurement of 40-Ft and 60-Ft Low Floor Diesel Hybrid Coaches) with New Flyer of America Inc., to change 68 coaches from parallel propulsion to series propulsion, amend the list of additional equipment added during the production phase of the contract, and amend the Schedule of Prices to reflect these changes, for an additional amount of \$14,880,231 and a total contract amount not to exceed \$428,654,904 with no change to the term of the contract. (Municipal Transportation Agency)

(Fiscal Impact)

Resolution No. 215-18

ADOPTED by the following vote:

Ayes: 11 - Breed, Cohen, Fewer, Kim, Peskin, Ronen, Safai, Sheehy, Stefani, Tang, Yee

180564 [Renewal Agreement - Data Center Space and Services - 3101 Gold Center Drive, Rancho Cordova, California - \$756,840 Annual Base Rent - Not to Exceed \$2,385,938.10]

Resolution authorizing a renewal agreement for the use of space and communication services within an existing data center located at 3101 Gold Center Drive, Rancho Cordova, California from the State of California Technology Agency, Office of Technology Services, for a three-year term, commencing July 1, 2018, through June 30, 2021, at a monthly base rate of \$62,720 for a total annual rate of \$756,840 in an amount not exceed \$2,385,938.10. (Real Estate Department)

(Fiscal Impact)

Resolution No. 216-18

ADOPTED by the following vote:

Ayes: 11 - Breed, Cohen, Fewer, Kim, Peskin, Ronen, Safai, Sheehy, Stefani, Tang, Yee