

Void <input type="checkbox"/>		a Employee's social security number 557-84-6234		Copy D—For Employer. OMB No. 1545-0008			
b Employer identification number (EIN) 33-0569114			1 Wages, tips, other compensation 39000.00		2 Federal income tax withheld 5006.00		
c Employer's name, address, and ZIP code LA REVANCHA RESTAURANT 2634 E ANAHEIM STREET LONG BEACH CA 90804			3 Social security wages 39000.00		4 Social security tax withheld 2418.00		
			5 Medicare wages and tips 39000.00		6 Medicare tax withheld 565.50		
			7 Social security tips		8 Allocated tips		
d Control number			9 Advance EIC payment		10 Dependent care benefits		
e Employee's name, address, and ZIP code RAMON V TEJEDA 5752 ANTHONY AVENUE GARDEN GROVE CA 92845			11 Nonqualified plans		12a See instructions for box 12		
			13 Statutory employer Retirement plan Third-party sick pay		12b		
			14 Other CA-SDI 429.00		12c		
					12d		
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	398-2956-9	39000.00	1245.08				

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

2009

38-2099803 Department of the Treasury—Internal Revenue Service

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