

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 5016.00		
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 19 TRINITY STREET OCEANSIDE CA 92057-6013			11 Nonqualified plans		12a See instructions for box 12		
			13 Statutory employee Retirement plan Third-party sick pay		12b		
			14 Other CA-SDI 429.00		12c		
					12d		
15 State Employer's state ID number CA 398-2956-9		16 State wages, tips, etc. 39000.00	17 State income tax 1404.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

2010

38-2099803 Department of the Treasury—Internal Revenue Service

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