

|                                                                                                                                                |                            |                           |                                                        |                           |                                            |                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------------------------------------|---------------------------|--------------------------------------------|---------------------------------|
| <b>22222</b>                                                                                                                                   |                            | Void                      | a Employee's social security number<br>613-03-1211     |                           | For Official Use Only<br>OMB No. 1545-0008 |                                 |
| b Employer identification number<br>12-1234267                                                                                                 |                            |                           | 1 Wages, tips, other compensation<br>3200.00           |                           | 2 Federal income tax withheld<br>453.30    |                                 |
| c Employer's name, address, and ZIP code<br>ABC INVESTMENT GROUP, INC.<br>ABC PRODUCTION COMPANY<br>12345 BEACH BLVD.<br>WESTMINSTER, CA 92683 |                            |                           | 3 Social security wages<br>3200.00                     |                           | 4 Social security tax withheld<br>134.40   |                                 |
|                                                                                                                                                |                            |                           | 5 Medicare wages and tips<br>3200.00                   |                           | 6 Medicare tax withheld<br>46.40           |                                 |
|                                                                                                                                                |                            |                           | 7 Social security tips                                 |                           | 8 Allocated tips                           |                                 |
| d Control number<br>1211                                                                                                                       |                            |                           | 9                                                      |                           | 10 Dependent care benefits                 |                                 |
| e Employee's first name and initial<br>ALVARO                                                                                                  |                            | Last name<br>ALASKA       |                                                        | 11 Nonqualified plans     |                                            | 12a See instructions for box 12 |
| f Employee's address and ZIP code<br>31833 FIFTH STREET<br>LOS ANGELES CA 90012                                                                |                            |                           | 13 Statutory employee<br><input type="checkbox"/>      |                           | 12b                                        |                                 |
|                                                                                                                                                |                            |                           | Retirement plan<br><input checked="" type="checkbox"/> |                           | 12c                                        |                                 |
|                                                                                                                                                |                            |                           | Third party sick pay<br><input type="checkbox"/>       |                           | 12d                                        |                                 |
|                                                                                                                                                |                            |                           | 14 Other<br>CA-SDI: 32.00                              |                           |                                            |                                 |
| 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                                                                                                                                             | 333-4444-1                 | 3200.00                   | 110.18                                                 |                           |                                            |                                 |
|                                                                                                                                                |                            |                           |                                                        |                           |                                            |                                 |

Form **W-2** Wage & Tax Statement  
 Copy A for Social Security Administration - Send this entire page with  
 Form W-3 to the Social Security Administration; photocopies are not acceptable

**2012**  
**00001567**

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