

d Control number		a Employee's social security number <b>666-77-1111</b>		1 Wages, tips, other compensation <b>40,774.01</b>		2 Federal income tax withheld <b>.00</b>	
c Employer's name, address, and ZIP code <b>UC OFFICE OF THE PRESIDENT 1111 FRANKLIN ST, 8TH FLOOR OAKLAND CA 94607-5201</b>		b Employer identification number <b>94-6002123</b>		3 Social security wages <b>47,733.90</b>		4 Social security tax withheld <b>2,959.50</b>	
				5 Medicare wages and tips <b>47,733.90</b>		6 Medicare tax withheld <b>692.14</b>	
				10 Dependent care benefits <b>.00</b>			
e Employee's name, suffix <b>RAY D. ATOR US AGRI CNTR--PANAMA C.Z.SEC.5 CANL Z. 5 PANAMA CITY, PANAMA PANAMA 8888888888</b>		f Employee's address and ZIP code <b>000050086 PANAMA CITY, PANAMA PANAMA 8888888888</b>		12 See Instrs. for Box 12		14 Other	
				12a C <b>.00</b>		UCRP <b>2,429.42</b>	
				12b E <b>4,530.47</b>		DCP-CAS <b>.00</b>	
				12c G <b>.00</b>		DCP-REG <b>.00</b>	
				12d P <b>.00</b>		INCLUDED IN BOX 01: <b>.00</b>	
				12e Y <b>.00</b>		OTHR INC <b>.00</b>	
				12f Z <b>.00</b>		INTEREST <b>.00</b>	
				12g DD <b>10,773.19</b>		FRINGES <b>.00</b>	
						HFSA <b>.00</b>	
This information is being furnished to the Internal Revenue Service.				11 Nonqualified plans		Form <b>W-2</b> Wage and Tax Statement <b>2013</b>	
OMB No. 1545-0008 Department of the Treasury-Internal Revenue Service				13 Statutory Employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		Copy B, To Be Filed With Employee's FEDERAL Tax Return.	
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality	
CA	123-4567-8	40774.01	.00				

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				12c G <b>.00</b>		DCP-REG <b>.00</b>	
				12d P <b>.00</b>		INCLUDED IN BOX 01: <b>.00</b>	
				12e Y <b>.00</b>		OTHR INC <b>.00</b>	
				12f Z <b>.00</b>		INTEREST <b>.00</b>	
				12g DD <b>10,773.19</b>		FRINGES <b>.00</b>	
						HFSA <b>.00</b>	
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.				11 Nonqualified plans		Form <b>W-2</b> Wage and Tax Statement <b>2013</b>	
OMB No. 1545-0008 Department of the Treasury-Internal Revenue Service				13 Statutory Employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		Copy C, For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B.)	
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality	
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OMB No. 1545-0008 Department of the Treasury-Internal Revenue Service				13 Statutory Employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		Copy 2, To Be Filed With Employee's State, City, or Local Income Tax Return.	
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality	
CA	123-4567-8	40774.01	.00				