

PAYROLL REGISTER For 03/31/99

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Type Pay		Rate	Hours	Wages	Type Deduction	Amount
RENAUTA R. RICHARDSON			115		Check No. DD990331	Net \$ 1279.82
Regular Wages				1900.00	Federal Withhold	367.56
					Social Security	117.80
					Medicare	27.55
					State Withholding	97.77
					State Other	9.50
				=====		=====
				1900.00		620.18
ALEXUS A. ANDREWS			101		Check No. 125	Net \$ 1083.35
Regular Wages		16.00	87.00	1392.00	Federal Withhold	168.45
					Social Security	86.30
					Medicare	20.18
					State Withholding	26.76
					State Other	6.96
				=====		=====
				1392.00		308.65
BAILEY B. BUCHANAN			102		Check No. 126	Net \$ 674.06
Regular Wages				925.00	Federal Withhold	121.71
Life Insurance				-27.50	Social Security	57.35
					Medicare	13.41
					State Withholding	26.34
					State Other	4.63
				=====		=====
				897.50		223.44
CASANDRA C. CRUISE			103		Check No. 127	Net \$ 615.58
Regular Wages				815.00	Federal Withhold	103.65
Dependent Care				10.00	Social Security	50.53
					Medicare	11.82
					State Withholding	39.34
					State Other	4.08
				=====		=====
				825.00		209.42

PAYROLL REGISTER For 03/31/99

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DYLAN D. DANIELS					
		104	Check No. 128	Net \$	592.52
Type Pay	Rate	Hours	Wages	Type Deduction	Amount
Regular Wages			800.00	Federal Withhold	118.49
				Social Security	49.60
				Medicare	11.60
				State Withholding	15.79
				State Other	4.00
				Union Dues	8.00
			=====		=====
			800.00		207.48
FRANKLIN F. FOSTER					
		105	Check No. 129	Net \$	1266.61
Type Pay	Rate	Hours	Wages	Type Deduction	Amount
Regular Wages	23.25	80.00	1860.00	Federal Withhold	383.00
Fringe Benefits			50.00	Social Security	118.42
				Medicare	27.70
				State Withholding	104.72
				State Other	9.55
			=====		=====
			1910.00		643.39
JULIETTE J. JOHNSON					
		107	Check No. 131	Net \$	831.77
Type Pay	Rate	Hours	Wages	Type Deduction	Amount
Regular Wages	13.45	80.00	1076.00	Federal Withhold	124.20
				Social Security	66.71
				Medicare	15.60
				State Withholding	32.34
				State Other	5.38
			=====		=====
			1076.00		244.23
KEVIN K. KENDALL					
		108	Check No. 132	Net \$	986.55
Type Pay	Rate	Hours	Wages	Type Deduction	Amount
Regular Wages	15.50	80.00	1240.00	Federal Withhold	138.97
				Social Security	76.88
				Medicare	17.98
				State Withholding	13.42
				State Other	6.20
			=====		=====
			1240.00		253.45

## PAYROLL REGISTER For 03/31/99

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LYNETTE L. LEWIS		109	Check No. 133	Net \$	555.24
Type Pay	Rate	Hours	Wages	Type Deduction	Amount
Regular Wages	9.00	80.00	720.00	Federal Withhold	92.70
				Social Security	44.64
				Medicare	10.44
				State Withholding	13.38
				State Other	3.60
			=====		=====
			720.00		164.76
MICHAEL M. MAXWELL		110	Check No. 134	Net \$	2376.09
Type Pay	Rate	Hours	Wages	Type Deduction	Amount
Regular Wages			3200.00	Federal Withhold	437.97
				Social Security	198.40
				Medicare	46.40
				State Withholding	125.14
				State Other	16.00
			=====		=====
			3200.00		823.91
MORGAN M. MONROE		111	Check No. 135	Net \$	1388.92
Type Pay	Rate	Hours	Wages	Type Deduction	Amount
Regular Wages			2100.00	Federal Withhold	423.56
				Social Security	130.20
				Medicare	30.45
				State Withholding	116.37
				State Other	10.50
			=====		=====
			2100.00		711.08
NICHOLAS N. NEWBURY		112	Check No. 136	Net \$	811.16
Type Pay	Rate	Hours	Wages	Type Deduction	Amount
Regular Wages	12.00	87.00	1044.00	Federal Withhold	122.91
				Social Security	64.73
				Medicare	15.14
				State Withholding	24.84
				State Other	5.22
			=====		=====
			1044.00		232.84



PAYROLL REGISTER For 03/31/99

EMPLOYER'S EXPENSES

Social Security .....	\$	1379.16
Medicare .....	\$	322.55
Federal Unemployment .....	\$	177.96
State Unemployment .....	\$	756.31
Employment Training Fund Tax .....	\$	22.24
Worker's Comp Expense .....	\$	1133.77
TOTAL EMPLOYER'S EXPENSE .....	\$	<u>3791.99</u>

EMPLOYEE DEDUCTIONS

Federal Withholding (Less EIC) .....	\$	3328.17
Social Security .....	\$	1379.16
Medicare .....	\$	322.55
State Withholding .....	\$	825.23
State Disability Insurance .....	\$	111.23
401k Plan Deductions .....	\$	0.00
Other Deferred Compensation .....	\$	27.50
Total Other Deductions .....	\$	8.00
Reported Tips .....	\$	0.00
TOTAL EMPLOYEE DEDUCTIONS .....	\$	<u>6001.84</u>

TOTAL NET PAYROLL .....

	\$	16252.71
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TOTAL PAYROLL COST .....

	\$	<u>26046.54</u>
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TOTAL FEDERAL DEPOSIT .....

	\$	6731.59
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TOTAL STATE DEPOSIT .....

	\$	1715.01
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Dear Tax Payer:

Please make the following tax deposits.

1. Make federal tax deposit of \$ 6731.59
2. Make state tax deposit of \$ 1715.01
3. Deposit \$ 26046.54 in your payroll account to cover payroll checks.

PAYROLL JOURNAL from 03/31/99 to 03/31/99

Date	Check No.	Wages	Over Time	Tips	Federal Wh. Tax	Social Sec.	Medi care	State Wh. Tax	State Sdi	Union Dues	United Way	Advance	Truck/a	Misc. Deduct	401k Plan	Other Deducts	Net Check
		22227.05	0.00	0.00	3328.17	1379.16	322.55	825.23	111.23	8.00	0.00	0.00	0.00	0.00	0.00	0.00	16252.71
	Current Period	22227.05	0.00	0.00	3328.17	1379.16	322.55	825.23	111.23	8.00	0.00	0.00	0.00	0.00	0.00	0.00	16252.71
	Current Quarter	22227.05	0.00	0.00	3328.17	1379.16	322.55	825.23	111.23	8.00	0.00	0.00	0.00	0.00	0.00	0.00	16252.71
	Year to Date	22227.05	0.00	0.00	3328.17	1379.16	322.55	825.23	111.23	8.00	0.00	0.00	0.00	0.00	0.00	0.00	16252.71

TOTAL FOR ALL EMPLOYEES  
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PAYROLL JOURNAL from 03/31/99 to 03/31/99

WAGES SUBJECT TO TAX FOR		CURRENT	1st QUARTER
Line 1.	FEDERAL WITHHOLDING WAGES .....	22,244.55	22,244.55
Line 2.	SOCIAL SECURITY WAGES (to 72600) ...	22,244.55	22,244.55
Line 3.	MEDICARE WAGES .....	22,244.55	22,244.55
Line 4.	FEDERAL UNEMPLOYMENT WAGES (to 7000) \$	22,244.55	22,244.55
Line 5.	STATE WITHHOLDING WAGES .....	22,244.55	22,244.55
Line 6.	STATE DISABILITY WAGES (to 31767) ..	22,244.55	22,244.55
Line 7	STATE UNEMPLOYMENT WAGES (to 7000) . \$	22,244.55	22,244.55

ESTIMATED TAXES DUE FOR		CURRENT	1st QUARTER
<b>FEDERAL TAX LIABILITY</b>			
WORKER'S SOCIAL SECURITY .....	1,379.16	1,379.16	1,379.16
EMPLOYER'S SOCIAL SECURITY .....	1,379.16	1,379.16	1,379.16
TOTAL SOCIAL SECURITY .....	2,758.32	2,758.32	2,758.32
WORKER'S MEDICARE .....	322.55	322.55	322.55
EMPLOYER'S MEDICARE .....	322.55	322.55	322.55
TOTAL MEDICARE .....	645.10	645.10	645.10
FEDERAL WITHHOLDING (Less EIC payments).....	3,328.17	3,328.17	3,328.17
TOTAL FEDERAL TAX LIABILITY .....	6,731.59	6,731.59	6,731.59
LESS FEDERAL TAXES PAID .....	806.00	806.00	806.00
TOTAL FEDERAL TAX DUE .....	5,925.59	5,925.59	5,925.59

STATE TAX LIABILITY		CURRENT	1st QUARTER
STATE WITHHOLDING TAX .....	825.23	825.23	825.23
STATE DISABILITY ON WAGES ( .50% of Line 6) ...	111.22	111.22	111.22
TOTAL STATE TAX .....	936.45	936.45	936.45
LESS STATE TAXES PAID .....	70.24	70.24	70.24
TOTAL STATE TAX DUE .....	866.21	866.21	866.21
<b>STATE UNEMPLOYMENT TAXES</b>			
STATE UNEMPLOYMENT ON WAGES (3.40% of Line 7) ..	756.31	756.31	756.31
EMPLOYMENT TRAINING FUND TAX ( .1% of Line 7) ..	22.24	22.24	22.24
TOTAL UNEMPLOYMENT TAXES .....	778.55	778.55	778.55
LESS UNEMPLOYMENT TAXES PAID .....	70.00	70.00	70.00
TOTAL STATE UNEMPLOYMENT TAX DUE .....	708.55	708.55	708.55

FEDERAL UNEMPLOYMENT TAXES		CURRENT	1st QUARTER
EMPLOYER'S FUTA ON WAGES ( .8% of Line 4) .....	177.96	177.96	177.96
YEAR TO DATE FUTA LIABILITY .....	177.96	177.96	177.96
LESS FUTA TAXES PAID .....	16.00	16.00	16.00
TOTAL FUTA TAX DUE .....	161.96	161.96	161.96

(EFTPS verification code = 41)

## PAYROLL CHECK REGISTER from 03/31/99 to 03/31/99

Employee	Check No.	Date	Amount
RENAUTA R. RICHARDSON	DD990331	03/31/99	1279.82
ALEXUS A. ANDREWS	125	03/31/99	1083.35
BAILEY B. BUCHANAN	126	03/31/99	674.06
CASANDRA C. CRUISE	127	03/31/99	615.58
DYLAN D. DANIELS	128	03/31/99	592.52
FRANKLIN F. FOSTER	129	03/31/99	1266.61
JULIETTE J. JOHNSON	131	03/31/99	831.77
KEVIN K. KENDALL	132	03/31/99	986.55
LYNETTE L. LEWIS	133	03/31/99	555.24
MICHAEL M. MAXWELL	134	03/31/99	2376.09
MORGAN M. MONROE	135	03/31/99	1388.92
NICHOLAS N. NEWBURY	136	03/31/99	811.16
OLIVER O. OAKLEY	137	03/31/99	2539.74
PAULA P. PATTERSON	138	03/31/99	1251.30
			=====
			16252.71

## PAYROLL SUMMARY REPORT from 03/01/99 to 03/31/99

Name	Gross	Life Insu	Cafeteria	Health In	401k	Taxable
ALEXUS A. ANDREWS	1392.00	0.00	0.00	0.00	0.00	1392.00
BAILEY B. BUCHANAN	925.00	27.50	0.00	0.00	0.00	897.50
CASANDRA C. CRUISE	825.00	0.00	0.00	0.00	0.00	825.00
DYLAN D. DANIELS	800.00	0.00	0.00	0.00	0.00	800.00
FRANKLIN F. FOSTER	1910.00	0.00	0.00	0.00	0.00	1910.00
JULIETTE J. JOHNSON	1076.00	0.00	0.00	0.00	0.00	1076.00
KEVIN K. KENDALL	1240.00	0.00	0.00	0.00	0.00	1240.00
LYNETTE L. LEWIS	720.00	0.00	0.00	0.00	0.00	720.00
MICHAEL M. MAXWELL	3200.00	0.00	0.00	0.00	0.00	3200.00
MORGAN M. MONROE	2100.00	0.00	0.00	0.00	0.00	2100.00
NICHOLAS N. NEWBURY	1044.00	0.00	0.00	0.00	0.00	1044.00
OLIVER O. OAKLEY	3500.00	0.00	0.00	0.00	0.00	3500.00
PAULA P. PATTERSON	1622.55	0.00	0.00	0.00	0.00	1622.55
RENAUTA R. RICHARDSO	1900.00	0.00	0.00	0.00	0.00	1900.00
Totals	22254.55	27.50	0.00	0.00	0.00	22227.05

WORKER'S COMPENSATION REPORT from 03/01/99 to 03/31/99

Employee Name	Wages	Reg. Hrs.	Overtime	Ot. hrs.	Dbl.time	Dbl.hrs.	W.C. Wages	at Rate	Liability
ANDREWS, ALEXUS A.	1392.00	87.00	0.00	0.00	0.00	0.00	1392.00	1.70	23.66
BUCHANAN, BAILEY B.	897.50	0.00	0.00	0.00	0.00	0.00	897.50	1.70	15.26
CRUISE, CASANDRA C.	815.00	0.00	0.00	0.00	0.00	0.00	815.00	1.70	13.86
DANIELS, DYLAN D.	800.00	0.00	0.00	0.00	0.00	0.00	800.00	1.70	13.60
FOSTER, FRANKLIN F.	1860.00	80.00	0.00	0.00	0.00	0.00	1860.00	1.70	31.62
JOHNSON, JULIETTE J.	1076.00	80.00	0.00	0.00	0.00	0.00	1076.00	4.20	45.19
KENDALL, KEVIN K.	1240.00	80.00	0.00	0.00	0.00	0.00	1240.00	4.20	52.08
LEWIS, LYNETTE L.	720.00	80.00	0.00	0.00	0.00	0.00	720.00	4.20	30.24
MAXWELL, MICHAEL M.	3200.00	0.00	0.00	0.00	0.00	0.00	3200.00	4.20	134.40
MONROE, MORGAN M.	2100.00	0.00	0.00	0.00	0.00	0.00	2100.00	4.20	88.20
NEWBURY, NICHOLAS N.	1044.00	87.00	0.00	0.00	0.00	0.00	1044.00	8.50	88.74
OAKLEY, OLIVER O.	3500.00	0.00	0.00	0.00	0.00	0.00	3500.00	8.50	297.50
PATTERSON, PAULA P.	1622.55	87.00	0.00	0.00	0.00	0.00	1622.55	8.50	137.92
RICHARDSON, RENAUTA R.	1900.00	0.00	0.00	0.00	0.00	0.00	1900.00	8.50	161.50
	=====		=====		=====		=====		=====
	22167.05		0.00		0.00		22167.05		1133.77

WORKER'S COMPENSATION REPORT from 03/01/99 to 03/31/99

Wages	Reg. hrs.	Overtime	Ot. Hrs.	Dbl.Time	Dbl.Hrs.	W.C. Wages	at Rate	Liability
5764.50	167.00	0.00	0.00	0.00	0.00	5764.50	1.70	98.00
8336.00	240.00	0.00	0.00	0.00	0.00	8336.00	4.20	350.11
8066.55	174.00	0.00	0.00	0.00	0.00	8066.55	8.50	685.66
=====	=====	=====	=====	=====	=====	=====	=====	=====
22167.05		0.00		0.00		22167.05		1133.77
At Experience Rate 100% ..... 1133.77								



# Employer's Quarterly Federal Tax Return

▶ See separate instructions for information on completing this return.

Please type or print.

OMB No. 1545-0029

Enter state code for state in which deposits were made ONLY if different from state in address to the right (see page 2 of instructions).

CALIFORNIA PAYROLL TEST  
 JOE CALIFORNIA  
 222 ANY STREET  
 SAN DIEGO, CA 91000

03/31/99  
 95-333456

T
FF
FD
FP
I
T

1	1	1	1	1	1	1	1	1	1	2	3	3	3	3	3	3	3	3	4	4	4	5	5	5
6	7	8	8	8	8	8	8	8	8	8	9	9	9	9	9	10	10	10	10	10	10	10	10	10

If you do not have to file returns in the future, check here  and enter date final wages paid   
 If you are a seasonal employer, see Seasonal Employer on page 1 of instructions and check here

1	Number of employees in the pay period that includes March 12th	▶	1	14	
2	Total wages and tips, plus other compensation		2	22244.55	
3	Total income tax withheld from wages, tips, and sick pay		3	3328.17	
4	Adjustment of withheld income tax for preceding quarters of calendar year		4	0.00	
5	Adjusted total of income tax withheld (line 3 as adjusted by line 4 - see instructions)		5	3328.17	
6	Taxable social security wages	6a	\$ 22244.55	x 12.4% (.124) =	6b 2758.32
	Taxable social security tips	6c	\$ 0.00	x 12.4% (.124) =	6d 0.00
7	Taxable Medicare wages and tips	7a	\$ 22244.55	x 2.9% (.029) =	7b 645.09
8	Total social security and Medicare taxes (add lines 6b, 6d and 7b). Check here if wages are not subject to social security and/or Medicare tax.		8	3403.41	
9	Adjustment of social security and Medicare taxes (see instructions for required explanation)		9	.01	
	Sick Pay \$ 0.00 + Fractions of Cents \$ .01 + Other \$ 0.00 =				
10	Adjusted total of social security and Medicare taxes (line 8 as adjusted by line 9 - see instructions)		10	3403.42	
11	Total taxes (add lines 5 and 10)		11	6731.59	
12	Advance earned income credit (EIC) payments made to employees		12	0.00	
13	Net taxes (subtract line 12 from line 11). If \$1,000 or more, this must equal line 17, column (d) below (or line D of Schedule B (Form 941))		13	6731.59	
14	Total deposits for quarter, including overpayment applied from a prior quarter		14	806.00	
15	Balance due (subtract line 14 from line 13). See instructions		15	5925.59	
16	Overpayment, if line 14 is more than line 13, enter excess here	▶ \$			
	and check if to be:	<input type="checkbox"/> Applied to next return	OR	<input type="checkbox"/> Refunded.	
	● All filers: If line 13 is less than \$1000, you need not complete line 17 or Schedule B.				
	● Semiweekly Depositors: Complete schedule B (Form 941) and check here.				<input checked="" type="checkbox"/>
	● Monthly Depositors: Complete line 17, columns (a) through (d) and check here.				<input type="checkbox"/>

17 Monthly Summary of Federal Tax Liability. Do not complete if you were a semiweekly schedule depositor.			
(a) First month liability	(b) Second month liability	(c) Third month liability	(d) Total liability for quarter

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign Here**

Signature ▶ \_\_\_\_\_ Print your Name and title ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

# Employer's Record of Federal Tax Liability

▶ See Circular E for more information about Employment Tax Returns.  
5151 ▶ Attach to Form 941 or Form 941-SS.

OMB No. 1545-0029

Name as shown on Form 941 (Form 941-SS)  
**CALIFORNIA PAYROLL TEST**

Employer identification no.  
**95-333456**

Date quarter ended  
**03/31/99**

You must complete this schedule if you are required to deposit on a semiweekly basis, or if your tax liability in any day is \$100,000 or more. Show tax liability here, not deposits. (The IRS gets deposit data from FTD coupons.)

### A. Daily Tax Liability - First Month of Quarter

1	8	15	22	29		
2	9	16	23	30		
3	10	17	24	31		
4	11	18	25			
5	12	19	26			
6	13	20	27			
7	14	21	28			
A Total tax liability for first month of quarter. ▶						A

### A. Daily Tax Liability - Second Month of Quarter

1	8	15	22	29		
2	9	16	23	30		
3	10	17	24	31		
4	11	18	25			
5	12	19	26			
6	13	20	27			
7	14	21	28			
B Total tax liability for second month of quarter. ▶						B

### A. Daily Tax Liability - Third Month of Quarter

1	8	15	22	29		
2	9	16	23	30		
3	10	17	24	31	6731.59	
4	11	18	25			
5	12	19	26			
6	13	20	27			
7	14	21	28			
C Total tax liability for third month of quarter. ▶						C 6731.59
D Total for quarter (add lines A, B, and C). This should equal line 13 of Form 941 ▶						D 6731.59

# 941 TeleFile Tax Record

## DO NOT MAIL THIS FORM

CALIFORNIA PAYROLL TEST  
 JOE CALIFORNIA  
 222 ANY STREET  
 SAN DIEGO, CA 91000

Quarter Ending 03/31/99

Federal Id No. 95-333456

Information You Provide to TeleFile	Information TeleFile Provides to You
<b>A</b> Enter the total deposits (line 14) reported on your 1998 third quarter Form 941. <span style="float: right;">0.00</span>	
<b>B</b> Enter the numerical code for the state in which deposits were made (ONLY if state is different from that shown in address above). <span style="float: right;">[ ][ ]</span>	
<b>C</b> Is this your final return? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter date final wages paid. <span style="float: right;">[ ][ ][ ]</span>	
Line numbers correspond to Form 941. See instructions for form 941.	
1 Number of employees (except household) employed in the pay period that includes March 12th (1st quarter ONLY) . . . . .	1 14
2 Total wages and tips, plus other compensation. . . . .	2 22244.55
3 Total income tax withheld form wages, tips, and sick pay . . . . .	3 3328.17
6 Taxable social security wages . . . . .	6a 22244.55
Taxable social security tips . . . . .	6c 0.00
7 Taxable Medicare wages and tips . . . . .	7a 22244.55
9 Fractions of cents adjustment (+/-) . . . . .	9 .01
10 Adjusted total of social security and Medicare taxes. . . . .	10
12 Advanced earned income credit (EIC) payments made to employees. . . . .	12 0.00
13 Net taxes. <b>This amount must equal line 17d below</b> . . . . .	13
14 Total deposits for quarter, including overpayment applied from a prior quarter. . . . .	14 806.00
15 Balance due (if \$500 or more, you can not use 941 TeleFile.) . . . . .	15
16 Overpayment (applied to next return) . . . . .	16
17 Monthly summary of Federal tax liability	(d) Total liability for Quarter
(a) First month liab. (b) Second month liab. (c) Third month liab.	[ ][ ][ ]
0.00 0.00 6731.59	[ ][ ][ ][ ][ ]

**D Signature:** You will be required to make the following declaration: Under the penalties of perjury, I declare that to the best of my knowledge and belief, the return information i provided is true, correct and complete.

**Before you call,** enter the numbers on your phone for the first five letters of your last name.

**Caution: See who must sign the return** on page 3 of TeleFile instructuions.

[ ]	[ ]	[ ]	[ ]	[ ]
Name (numbers)				

**Stay on the line until** TeleFile tells you your return has been accepted and gives you a 6 digit confirmation number and filing date.

[ ][ ][ ][ ][ ][ ]
Confirmation Number

[ ]	[ ]	[ ]	[ ]
Filing Date			

The IRS considers this Tax Record, including the confirmation number, to be the record of information used to file your tax return.

a Control number 101	Void <input type="checkbox"/>					
b Employer's identification number 95-333456		1 Wages, tips, other compensation 1392.00		2 Federal income tax withheld 168.45		
c Employer's name, address, and ZIP code CALIFORNIA PAYROLL TEST JOE CALIFORNIA 222 ANY STREET SAN DIEGO, CA 91000		3 Social security wages 1392.00		4 Social security tax withheld 86.30		
		5 Medicare wages and tips 1392.00		6 Medicare tax withheld 20.18		
		7 Social Security tips		8 Allocated tips		
d Employee's social security number 010-01-0101		9 Advance EIC payment		10 Dependent care benefits		
e Employee's name (first, middle initial, last) ALEXUS A. ANDREWS 1111 FIRST STREET ARLETA, CA 92111		11 Nonqualified plans		12 Benefits included in box 1		
		13 See Instrs. for box 13		14 Other		
		15 Stat. emp. <input type="checkbox"/>	Deceased <input type="checkbox"/>	Pension Plan <input type="checkbox"/>	Legal Rep. <input type="checkbox"/>	Deferred compensation <input type="checkbox"/>
f Employee's address and ZIP code						
16 State	Employer's state I.D. No.	17 State wages, tips	18 State income tax	19 Locality name	20 Local Wages, tips	21 Local income tax
CA	844-3145	1392.00	26.76	CA SDI	1392.00	6.96

Dept. of the Treasury - Internal Revenue Service

Form **W-2** Wage and Tax Statement **1999**

This information is being furnished to the Internal Revenue Service.

Copy B To Be Filed With Employee's FEDERAL Tax Return

OMB No. 1545-0008

a Control number 101	Void <input type="checkbox"/>	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.				
b Employer's identification number 95-333456		1 Wages, tips, other compensation 1392.00		2 Federal income tax withheld 168.45		
c Employer's name, address, and ZIP code CALIFORNIA PAYROLL TEST JOE CALIFORNIA 222 ANY STREET SAN DIEGO, CA 91000		3 Social security wages 1392.00		4 Social security tax withheld 86.30		
		5 Medicare wages and tips 1392.00		6 Medicare tax withheld 20.18		
		7 Social Security tips		8 Allocated tips		
d Employee's social security number 010-01-0101		9 Advance EIC payment		10 Dependent care benefits		
e Employee's name (first, middle initial, last) ALEXUS A. ANDREWS 1111 FIRST STREET ARLETA, CA 92111		11 Nonqualified plans		12 Benefits included in box 1		
		13 See Instrs. for box 13		14 Other		
		15 Stat. emp. <input type="checkbox"/>	Deceased <input type="checkbox"/>	Pension Plan <input type="checkbox"/>	Legal Rep. <input type="checkbox"/>	Deferred compensation <input type="checkbox"/>
f Employee's address and ZIP code						
16 State	Employer's state I.D. No.	17 State wages, tips	18 State income tax	19 Locality name	20 Local Wages, tips	21 Local income tax
CA	844-3145	1392.00	26.76	CA SDI	1392.00	6.96

Dept. of the Treasury - Internal Revenue Service

Form **W-2** Wage and Tax Statement **1999**

Copy C For Employee's Records

OMB No. 1545-0008

Form **W-2 Wage and Tax Statement 1999**

c Employer's name, address, and ZIP code

CALIFORNIA PAYROLL TEST  
 JOE CALIFORNIA  
 222 ANY STREET  
 SAN DIEGO, CA 91000

e Employee's name, address and ZIP code

ALEXUS A. ANDREWS  
 1111 FIRST STREET  
 ARLETA, CA 92111

7 Social Security Tips	1 Wages, tips, other comp. 1392.00	2 Federal income tax withheld 168.45
8 Allocated tips	3 Social security wages 1392.00	4 Social security tax withheld 86.30
9 Advance EIC payments	5 Medicare wages and tips 1392.00	6 medicare tax withheld 20.18
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in box 1
	13 See instrs. for Box 13	14 Other
b Employer's identification no. 95-333456		
d Employee's social security no. 010-01-0101		
15 Stat emp.	Decease Pension plan	Legal rep. Defer comp.

16 State CA	Employer's state I.D. number 844-3145	17 State wages, tips, etc. 1392.00	18 State income tax 26.76	19 Name of locality CA SDI	20 Local wages, tips, etc. 1392.00	21 Local income tax 6.96
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Copy B To be filed with employee's FEDERAL tax return This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement 1999**

c Employer's name, address, and ZIP code

CALIFORNIA PAYROLL TEST  
 JOE CALIFORNIA  
 222 ANY STREET  
 SAN DIEGO, CA 91000

e Employee's name, address and ZIP code

ALEXUS A. ANDREWS  
 1111 FIRST STREET  
 ARLETA, CA 92111

7 Social Security Tips	1 Wages, tips, other comp. 1392.00	2 Federal income tax withheld 168.45
8 Allocated tips	3 Social security wages 1392.00	4 Social security tax withheld 86.30
9 Advance EIC payments	5 Medicare wages and tips 1392.00	6 medicare tax withheld 20.18
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in box 1
	13 See instrs. for Box 13	14 Other
b Employer's identification no. 95-333456		
d Employee's social security no. 010-01-0101		
15 Stat emp.	Decease Pension plan	Legal rep. Defer comp.

16 State CA	Employer's state I.D. number 844-3145	17 State wages, tips, etc. 1392.00	18 State income tax 26.76	19 Name of locality CA SDI	20 Local wages, tips, etc. 1392.00	21 Local income tax 6.96
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Copy C For EMPLOYEE'S RECORDS (See notice)

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement 1999**

c Employer's name, address, and ZIP code

CALIFORNIA PAYROLL TEST  
 JOE CALIFORNIA  
 222 ANY STREET  
 SAN DIEGO, CA 91000

e Employee's name, address and ZIP code

ALEXUS A. ANDREWS  
 1111 FIRST STREET  
 ARLETA, CA 92111

7 Social Security Tips	1 Wages, tips, other comp. 1392.00	2 Federal income tax withheld 168.45
8 Allocated tips	3 Social security wages 1392.00	4 Social security tax withheld 86.30
9 Advance EIC payments	5 Medicare wages and tips 1392.00	6 medicare tax withheld 20.18
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in box 1
	13 See instrs. for Box 13	14 Other
b Employer's identification no. 95-333456		
d Employee's social security no. 010-01-0101		
15 Stat emp.	Decease Pension plan	Legal rep. Defer comp.

16 State CA	Employer's state I.D. number 844-3145	17 State wages, tips, etc. 1392.00	18 State income tax 26.76	19 Name of locality CA SDI	20 Local wages, tips, etc. 1392.00	21 Local income tax 6.96
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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008 Form **W-2 Wage and Tax Statement 1999**

7 Social security tips	1 Wages, tips, other comp. 1392.00	2 Federal income tax withheld 168.45
8 Allocated tips	3 Social security wages 1392.00	4 Social security tax withheld 86.30
9 Advance EIC payment	5 Medicare wages and tips 1392.00	6 Medicare tax withheld 20.18

c Employer's name, address, and ZIP code  
**CALIFORNIA PAYROLL TEST**  
**JOE CALIFORNIA**  
**222 ANY STREET**  
**SAN DIEGO, CA 91000**

b Employer's identification number  
**95-333456**

d Employee's social security number  
**010-01-0101**

e Employee's name, address, and ZIP code  
**ALEXUS A. ANDREWS**  
**1111 FIRST STREET**  
**ARLETA, CA 92111**

10 Dependent care benefits	11 Non qualified plans	12 Benefits included in box 1
13 See instructions for box 13	14 Other	

15 Stat. emp.	Deceased	Pension plan	Legal rep.	Deferred comp.
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16 Name of state  
**CA**

Employer's state I.D. No.  
**844-3145**

17 State wages, tips, etc.  
**1392.00**

18 State income tax  
**26.76**

19 locality name  
**CA SDI**

20 Local wages, tips, etc.  
**1392.00**

21 Local income tax  
**6.96**

**Copy C For EMPLOYEE'S RECORDS** Dept. of the Treasury - IRS  
 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. (See Employee Notice)

OMB No. 1545-0008 Form **W-2 Wage and Tax Statement 1999**

7 Social security tips	1 Wages, tips, other comp. 1392.00	2 Federal income tax withheld 168.45
8 Allocated tips	3 Social security wages 1392.00	4 Social security tax withheld 86.30
9 Advance EIC payment	5 Medicare wages and tips 1392.00	6 Medicare tax withheld 20.18

c Employer's name, address, and ZIP code  
**CALIFORNIA PAYROLL TEST**  
**JOE CALIFORNIA**  
**222 ANY STREET**  
**SAN DIEGO, CA 91000**

b Employer's identification number  
**95-333456**

d Employee's social security number  
**010-01-0101**

e Employee's name, address, and ZIP code  
**ALEXUS A. ANDREWS**  
**1111 FIRST STREET**  
**ARLETA, CA 92111**

10 Dependent care benefits	11 Non qualified plans	12 Benefits included in box 1
13 See instructions for box 13	14 Other	

15 Stat. emp.	Deceased	Pension plan	Legal rep.	Deferred comp.
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16 Name of state  
**CA**

Employer's state I.D. No.  
**844-3145**

17 State wages, tips, etc.  
**1392.00**

18 State income tax  
**26.76**

19 locality name  
**CA SDI**

20 Local wages, tips, etc.  
**1392.00**

21 Local income tax  
**6.96**

**Copy B To Be Filed With Employee's FEDERAL Tax Return**  
 This information is being furnished to the Internal Revenue Service.

OMB No. 1545-0008 Form **W-2 Wage and Tax Statement 1999**

7 Social security tips	1 Wages, tips, other comp. 1392.00	2 Federal income tax withheld 168.45
8 Allocated tips	3 Social security wages 1392.00	4 Social security tax withheld 86.30
9 Advance EIC payment	5 Medicare wages and tips 1392.00	6 Medicare tax withheld 20.18

c Employer's name, address, and ZIP code  
**CALIFORNIA PAYROLL TEST**  
**JOE CALIFORNIA**  
**222 ANY STREET**  
**SAN DIEGO, CA 91000**

b Employer's identification number  
**95-333456**

d Employee's social security number  
**010-01-0101**

e Employee's name, address, and ZIP code  
**ALEXUS A. ANDREWS**  
**1111 FIRST STREET**  
**ARLETA, CA 92111**

10 Dependent care benefits	11 Non qualified plans	12 Benefits included in box 1
13 See instructions for box 13	14 Other	

15 Stat. emp.	Deceased	Pension plan	Legal rep.	Deferred comp.
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16 Name of state  
**CA**

Employer's state I.D. No.  
**844-3145**

17 State wages, tips, etc.  
**1392.00**

18 State income tax  
**26.76**

19 locality name  
**CA SDI**

20 Local wages, tips, etc.  
**1392.00**

21 Local income tax  
**6.96**

**Copy 2 For Employee's State, City, or Local Income Tax Return** Dept. of the Treasury - IRS

OMB No. 1545-0008 Form **W-2 Wage and Tax Statement 1999**

7 Social security tips	1 Wages, tips, other comp. 1392.00	2 Federal income tax withheld 168.45
8 Allocated tips	3 Social security wages 1392.00	4 Social security tax withheld 86.30
9 Advance EIC payment	5 Medicare wages and tips 1392.00	6 Medicare tax withheld 20.18

c Employer's name, address, and ZIP code  
**CALIFORNIA PAYROLL TEST**  
**JOE CALIFORNIA**  
**222 ANY STREET**  
**SAN DIEGO, CA 91000**

b Employer's identification number  
**95-333456**

d Employee's social security number  
**010-01-0101**

e Employee's name, address, and ZIP code  
**ALEXUS A. ANDREWS**  
**1111 FIRST STREET**  
**ARLETA, CA 92111**

10 Dependent care benefits	11 Non qualified plans	12 Benefits included in box 1
13 See instructions for box 13	14 Other	

15 Stat. emp.	Deceased	Pension plan	Legal rep.	Deferred comp.
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16 Name of state  
**CA**

Employer's state I.D. No.  
**844-3145**

17 State wages, tips, etc.  
**1392.00**

18 State income tax  
**26.76**

19 locality name  
**CA SDI**

20 Local wages, tips, etc.  
**1392.00**

21 Local income tax  
**6.96**

**Copy 2 For Employee's State, City, or Local Income Tax Return** Dept. of the Treasury - IRS

a Control number <b>605</b>		OMB No. 1545-0008				
b Kind of Payer	941 <input checked="" type="checkbox"/>	Military <input type="checkbox"/>	943 <input type="checkbox"/>	1 Wages, tips, other comp. <b>22244.55</b>	2 Federal income tax withheld <b>3328.17</b>	
	CT-1 <input type="checkbox"/>	942 <input type="checkbox"/>	Medicare govt. emp <input type="checkbox"/>	3 Social security wages <b>22244.55</b>	4 Social security tax withheld <b>1379.16</b>	
c Total number of statements <b>14</b>	d Establishment number		5 Medicare wages and tips <b>22244.55</b>	6 Medicare tax withheld <b>322.55</b>		
e Employer's identification number <b>95-333456</b>			7 Social security tips	8 Allocated tips		
f Employer's name <b>CALIFORNIA PAYROLL TEST</b>			9 Advance EIC payments	10 Dependent care benefits <b>10.00</b>		
g Employer's address and ZIP code <b>JOE CALIFORNIA 222 ANY STREET SAN DIEGO, CA 91000</b>			11 Nonqualified plans	12 Deferred compensation		
			13 Adjusted total social security wages and tips			
			14 Adjusted total Medicare wages and tips			
h Other EIN used this year			15 Income tax withheld by third-party payer			
i Employer's state I.D. No. <b>844-3145</b>						

Form **W-3** Transmittal of Wage and Tax Statements **1999**

Department of the Treasury  
Internal Revenue service

**OWNER'S COPY DO NOT MAIL TO IRS**

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>CALIFORNIA PAYROLL TEST JOE CALIFORNIA 222 ANY STREET SAN DIEGO, CA 91000</b>		1 Rents \$	OMB No. 1545-0115  <b>1999</b>  Form 1099-MISC	<b>Miscellaneous Income</b>
		2 Royalties \$		
		3 Other income \$		
PAYER'S Federal identification no. 95-333456	RECIPIENT'S identification no. 123-45-6789	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	<b>Copy B For Recipient</b>  This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name, Street address, City, state, and ZIP code <b>EDWARD E. EVANGELISTA DBA EVANGELISTA CONSTRUCTION 12345 MAGNOLIA LANE SAN DIEGO CA 92121</b>		6 Medical and health care payments \$	7 Nonemployee compensation \$ 18500.00	
		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
		10 Crop insurance proceeds \$	11 State income tax withheld \$	
Account number (optional) 177		12 State 844-3145	13 \$	

Form 1099-MISC (keep for your records)

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>CALIFORNIA PAYROLL TEST JOE CALIFORNIA 222 ANY STREET SAN DIEGO, CA 91000</b>		1 Rents \$	OMB No. 1545-0115  <b>1999</b>  Form 1099-MISC	<b>Miscellaneous Income</b>
		2 Royalties \$		
		3 Other income \$		
PAYER'S Federal identification no. 95-333456	RECIPIENT'S identification no. 987-65-4321	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	<b>Copy B For Recipient</b>  This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name, Street address, City, state, and ZIP code <b>WINNIE WIN ESQ 9876 FLORABUNDA CIRCLE  SAN DIEGO CA 92111</b>		6 Medical and health care payments \$	7 Nonemployee compensation \$	
		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
		10 Crop insurance proceeds \$	11 State income tax withheld \$	
Account number (optional) 176		12 State 844-3145	13 \$ 15000.00	

Form 1099-MISC (keep for your records)

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents \$	OMB No. 1545-0115  <b>1999</b>  Form 1099-MISC	<b>Miscellaneous Income</b>
		2 Royalties \$		
		3 Other income \$		
PAYER'S Federal identification no.	RECIPIENT'S identification no.	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	<b>Copy B For Recipient</b>  This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name, Street address, City, state, and ZIP code		6 Medical and health care payments \$	7 Nonemployee compensation \$	
		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
		10 Crop insurance proceeds \$	11 State income tax withheld \$	
Account number (optional)		12 State	13 \$	

Form 1099-MISC (keep for your records)

Department of the Treasury - Internal Revenue Service

Form <b>1096</b> Department of the Treasury Internal Revenue Service	<b>Annual Summary and Transmittal of                  U.S. Information Returns</b>	OMB No. 1545-0108  <b>1999</b>
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FILER'S name and address  CALIFORNIA PAYROLL TEST JOE CALIFORNIA 222 ANY STREET SAN DIEGO, CA 91000	
--	--

If you are not using a preprinted label, enter in box 1 or 2 below the identification number you used as the filer on the information returns being transmitted. Do not fill in both boxes 1 and 2.	Name of person to contact if the IRS needs more information. <b>SHARRON SHEPHERDSKI</b> Telephone number <b>619 555-6666</b>	<b>OWNER'S COPY ONLY</b>
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1 Employer identification no. <b>95-333456</b>	2 Social security number	3 Total number of forms 2	4 Federal income tax withheld \$	5 Total amount reported with this form 1096 \$ <b>33500.00</b>
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Enter an "X" in only one box below to indicate the type of form being filed. If this is your FINAL return, enter an "X" here . . .

W-2G 32	1098 81	1098-E 82	1098-T 83	1099-A 80	1099-B 79	1099-C 85	1099-DIV 91	1099-G 86	1099-INT 92	1099-LCT 93	1099-MISC 95	1099-MSA 94	1099-OID 96
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1099-PATR 97	1099-R 98	1099-S 75	5498 28	5498-MSA 27									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									

**Please return this entire page to the Internal Revenue Service. Photocopies are NOT acceptable.**

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ► Title ► Date ►

**OWNER'S COPY ONLY - DO NOT SEND THIS COPY TO THE IRS  
 SEND ONLY THE RED COPY TO IRS**