

a Control number		d Employee's social security number		1 Wages, tips, other compensation		2 Federal income tax withheld	
		501-55-5036		82,131.36		17,841.09	
c Employer's name, address, and ZIP code		b Employer identification number		3 Social security wages		4 Social security tax withheld	
UC OFFICE OF THE PRESIDENT 1111 FRANKLIN ST, 8TH FLOOR OAKLAND CA 94607-5201		94-6002123		.00		.00	
				5 Medicare wages and tips		6 Medicare tax withheld	
				115,729.30		1,678.07	
				8 Advance EIC payment		10 Dependent care benefits	
				.00		.00	
e Employee's name, suffix, address and ZIP code		12 See instrs. for Box 12		14 Other			
501000036		12a C .00		DCP-CAS 7,065.00			
BADDA BING		12b E 16,266.47		DCP-REG .00			
14234 PERKINS ROAD		12c G 10,266.47		INCLUDED IN BOX 01:			
GARDNERVILLE EVERLASTING		12d P .00		OTHR INC .00			
UNITED KINGDOM & NO. IRELAND		12e .00		INTEREST .00			
		12f .00		FRINGES .00			
This information is being furnished to the Internal Revenue Service.				11 Nonqualified plans		Form W-2 Wage and Tax Statement 2006	
OMB No. 1545-0048 Department of the Treasury-Internal Revenue Service				13 Statutory Employee Retirement plan Third-party sick pay		Copy B, To Be Filed With Employee's FEDERAL Tax Return.	
				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
15 State Employer's state I.D. No.		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
CA 123-4567-8		82131.36		5693.92		19 Local income tax	
						20 Locality	

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UC OFFICE OF THE PRESIDENT 1111 FRANKLIN ST, 8TH FLOOR OAKLAND CA 94607-5201		94-6002123		.00		.00	
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BADDA BING		12b E 16,266.47		DCP-REG .00			
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GARDNERVILLE EVERLASTING		12d P .00		OTHR INC .00			
UNITED KINGDOM & NO. IRELAND		12e .00		INTEREST .00			
		12f .00		FRINGES .00			
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 W-2 Wage and Tax Statement 2006	
OMB No. 1545-0048 Department of the Treasury-Internal Revenue Service				13 Statutory Employee Retirement plan Third-party sick pay		Copy C, For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B.)	
				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
15 State Employer's state I.D. No.		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
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This information is being furnished to the Internal Revenue Service.				11 Nonqualified plans		Form W-2 Wage and Tax Statement 2006	
OMB No. 1545-0048 Department of the Treasury-Internal Revenue Service				13 Statutory Employee Retirement plan Third-party sick pay		Copy 2, To Be Filed With Employee's State, City, or Local Income Tax Return.	
				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
15 State Employer's state I.D. No.		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
CA 123-4567-8		82131.36		5693.92		19 Local income tax	
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