

d Control number		a Employee's social security number 222-22-2014		1 Wages, tips, other compensation 7,255,299.64		2 Federal income tax withheld 9,748.20	
c Employer's name, address, and ZIP code UC OFFICE OF THE PRESIDENT 1111 FRANKLIN ST, 8TH FLOOR OAKLAND CA 94607-5201		b Employer identification number 94-6002123		3 Social security wages 55,000.00		4 Social security tax withheld 3,410.00	
				5 Medicare wages and tips 55,000.00		6 Medicare tax withheld 797.50	
				8 Advance EIC payment .00		10 Dependent care benefits .00	
e Employee's name, suffix JOHN CLOUSE 14 OAK ST. OAKLAND		f Employee's address and ZIP code 222222014 804918 CA 94607		12 See Instrs. for Box 12 12a C 1,200.00 12b E 1,600.00 12c G 2,000.00 12d P 2,400.00 12e 12f		14 Other DCP-CAS 3997,381.76 DCP-REG 3997,383.92 INCLUDED IN BOX 01: OTHR INC 799,996.44 INTEREST 399,996.88 FRINGES 599,995.08	
This information is being furnished to the Internal Revenue Service.				11 Nonqualified plans 13 Statutory Employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		Form W-2 Wage and Tax Statement 2007	
OMB No. 1545-0008 Department of the Treasury-Internal Revenue Service				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	7255299.64	2790.59				

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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 13 Statutory Employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		Form W-2 Wage and Tax Statement 2007	
OMB No. 1545-0008 Department of the Treasury-Internal Revenue Service				Copy C, For EMPLOYER'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				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	7255299.64	2790.59				