

<b>33333</b>		a Control number		For Official Use Only ▶ OMB No. 1545-0008				
b Kind of Payer (Check one)	<input checked="" type="checkbox"/> 941	<input type="checkbox"/> Military	<input type="checkbox"/> 943	<input type="checkbox"/> 944	Kind of Employer (Check one)	<input checked="" type="checkbox"/> None apply	<input type="checkbox"/> 501c non-govt.	Third-party sick pay (Check if applicable)
	<input type="checkbox"/> CT-1	<input type="checkbox"/> Hshld. emp.	<input type="checkbox"/> Medicare govt. emp.			<input type="checkbox"/> State/local non-501c	<input type="checkbox"/> State/local 501c	
c Total number of Forms W-2 2		d Establishment number		1 Wages, tips, other compensation 94438.48		2 Federal income tax withheld 7125.57		
e Employer identification number (EIN)				3 Social security wages 94438.48		4 Social security tax withheld 5855.19		
f Employer's name YZHAR CHARUZI MD				5 Medicare wages and tips 94438.48		6 Medicare tax withheld 1369.36		
g Employer's address and ZIP code 8635 W THIRD ST, STE 390 LOS ANGELES, CA 90048				7 Social security tips		8 Allocated tips		
				9		10 Dependent care benefits		
				11 Nonqualified plans		12a Deferred compensation		
h Other EIN used this year				13 For third-party sick pay use only		12b		
15 State CA		Employer's state ID number 286-3749-4		14 Income tax withheld by payer of third-party sick pay				
16 State wages, tips, etc. 94438.48		17 State income tax 2742.04		18 Local wages, tips, etc.		19 Local income tax		
Employer's contact person YZHAR CHARUZI				Employer's telephone number		For Official Use Only 0000/1833		
Employer's fax number				Employer's email address				

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 ▶ 1/24/2024

Form **W-3 Transmittal of Wage and Tax Statements** **2023**

Department of the Treasury  
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

**Reminder**

Separate Instructions. See the 2023 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

**Purpose of Form**

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for 4 years.

**E-Filing**

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

- **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be on time if submitted by January 31, 2024. For more information, go to [www.SSA.gov/bsa](http://www.SSA.gov/bsa). First time filers, select "Register"; returning filers select "Log In."

Social Security	5,855.19
Medicare	1,369.34
FUTA	84.00
Unempl Insurance	280.00
ETT	14.00
	<u>7,602.55</u> ✓

**When To File Paper Forms**

Mail Form W-3 with Copy A of Form(s) W-2 by January 31, 2024.

**Where To File Paper Forms**

Send this entire page with the entire Copy A page of Form(s) W-2 to:

**Social Security Administration**  
**Direct Operations Center**  
**Wilkes-Barre, PA 18769-0001**

Note: If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Pub. 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form W-3 (Revised 08/23)

Employer identification number (EIN)

Name (not your trade name)

Trade name (if any)

Address   
Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Type of Return**  
 (Check all that apply.)

a. Amended

b. Successor employer

c. No payments to employees in 2023

d. Final: Business closed or stopped paying wages

Go to [www.irs.gov/Form940](http://www.irs.gov/Form940) for instructions and the latest information.

Read the separate instructions before you complete this form. Please type or print within the boxes.

**Part 1: Tell us about your return. If any line does NOT apply, leave it blank. See instructions before completing Part 1.**

1a If you had to pay state unemployment tax in one state only, enter the state abbreviation . . . . . 1a

1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer . . . . . 1b  Check here. Complete Schedule A (Form 940).

2 If you paid wages in a state that is subject to CREDIT REDUCTION . . . . . 2  Check here. Complete Schedule A. (Form 940).

**Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank.**

3 Total payments to all employees . . . . . 3

4 Payments exempt from FUTA tax . . . . . 4

Check all that apply: 4a  Fringe benefits 4c  Retirement/Pension 4e  Other

4b  Group-term life insurance 4d  Dependent care

5 Total of payments made to each employee in excess of \$7,000 . . . . . 5

6 Subtotal (line 4 + line 5 = line 6) . . . . . 6

7 Total taxable FUTA wages (line 3 - line 6 = line 7). See instructions . . . . . 7

8 FUTA tax before adjustments (line 7 x 0.006 = line 8) . . . . . 8

**Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.**

9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by 0.054 (line 7 x 0.054 = line 9). Go to line 12 . . . . . 9

10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet . . . . . 10

11 If credit reduction applies, enter the total from Schedule A (Form 940) . . . . . 11

**Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank.**

12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) . . . . . 12

13 FUTA tax deposited for the year, including any overpayment applied from a prior year . . . . . 13

14 Balance due. If line 12 is more than line 13, enter the excess on line 14.  
 • If line 14 is more than \$500, you must deposit your tax.  
 • If line 14 is \$500 or less, you may pay with this return. See instructions . . . . . 14

15 Overpayment. If line 13 is more than line 12, enter the excess on line 15 and check a box below. . . . . 15

You **MUST** complete both pages of this form and **SIGN** it. Check one:  Apply to next return.  Send a refund.

YZHAR CHARUZI MD

**Quarterly Contribution and Wage Adjustment Form (DE 9ADJ)**

Quarter Ended: March 31, 2023

A. No Wages Paid This Quarter [ ]

B. Out of Business/No Employees [ ]

C. Total Subject Wages Paid This Quarter \$22,026.48

**D. Unemployment Insurance (UI)** (Total employee wages up to 7,000.00 per employee per calendar year)

UI Rate %		UI Taxable Wages		
2.00	x	\$9,768.00	=	\$195.36

**E. Employment Training Tax (ETT)**

ETT Rate %		ETT Taxable Wages		
0.10	x	\$9,768.00	=	\$9.77

**F. State Disability Insurance** (Total employee wages up to 153,164.00 per employee per calendar year)

SDI Rate %		SDI Taxable Wages		
0.90	x	\$22,026.48	=	\$198.24

G. California Personal Income Tax (PIT) Withheld \$670.46

H. Subtotal \$1,073.83

I. Less: (Contributions and Withholdings Paid for the Year) \$933.34  
(DO NOT Include Penalty and Interest Payments)

J. Total Taxes Due or Overpaid (Item H minus Item I) \$140.49

YZHAR CHARUZI MD

Page: 1

**Quarterly Contribution Return and Report of Wages (DE 9)**

Quarter Ended: June 30, 2023

A. No Wages Paid This Quarter [ ]

B. Out of Business/No Employees [ ]

C. Total Subject Wages Paid This Quarter \$23,304.00

D. Unemployment Insurance (UI) (Total employee wages up to 7,000.00 per employee per calendar year)

UI Rate %		UI Taxable Wages		
2.00	x	\$4,232.00	=	\$84.64

E. Employment Training Tax (ETT)

ETT Rate %		ETT Taxable Wages		
0.10	x	\$4,232.00	=	\$4.23

F. State Disability Insurance (Total employee wages up to 153,164.00 per employee per calendar year)

SDI Rate %		SDI Taxable Wages		
0.90	x	\$23,304.00	=	\$209.74

G. California Personal Income Tax (PIT) Withheld \$643.86

H. Subtotal \$942.47

I. Less: (Contributions and Withholdings Paid for the Year)  
(DO NOT Include Penalty and Interest Payments) \$300.00

J. Total Taxes Due or Overpaid (Item H minus Item I) \$642.47

YZHAR CHARUZI MD

Page: 1

**Quarterly Contribution Return and Report of Wages (DE 9)**

Quarter Ended: September 30, 2023

A. No Wages Paid This Quarter [ ]

B. Out of Business/No Employees [ ]

C. Total Subject Wages Paid This Quarter \$23,304.00

<b>D. Unemployment Insurance (UI)</b> (Total employee wages up to 7,000.00 per employee per calendar year)				
UI Rate %		UI Taxable Wages		
2.00	x	\$0.00	=	\$0.00

<b>E. Employment Training Tax (ETT)</b>				
ETT Rate %		ETT Taxable Wages		
0.10	x	\$0.00	=	\$0.00

<b>F. State Disability Insurance</b> (Total employee wages up to 153,164.00 per employee per calendar year)				
SDI Rate %		SDI Taxable Wages		
0.90	x	\$23,304.00	=	\$209.74

G. California Personal Income Tax (PIT) Withheld \$643.86

H. Subtotal \$853.60

I. Less: (Contributions and Withholdings Paid for the Year)  
(DO NOT Include Penalty and Interest Payments) \$0.00

J. Total Taxes Due or Overpaid (Item H minus Item I) \$853.60

YZHAR CHARUZI MD

Page: 1

**Quarterly Contribution Return and Report of Wages (DE 9)**

Quarter Ended: December 31, 2023

A. No Wages Paid This Quarter [ ]

B. Out of Business/No Employees [ ]

C. Total Subject Wages Paid This Quarter \$25,804.00

**D. Unemployment Insurance (UI)** (Total employee wages up to 7,000.00 per employee per calendar year)

UI Rate %		UI Taxable Wages		
2.00	x	\$0.00	=	\$0.00

**E. Employment Training Tax (ETT)**

ETT Rate %		ETT Taxable Wages		
0.10	x	\$0.00	=	\$0.00

**F. State Disability Insurance** (Total employee wages up to 153,164.00 per employee per calendar year)

SDI Rate %		SDI Taxable Wages		
0.90	x	\$25,804.00	=	\$232.24

G. California Personal Income Tax (PIT) Withheld \$783.86

H. Subtotal \$1,016.10

I. Less: (Contributions and Withholdings Paid for the Year) \$0.00  
(DO NOT Include Penalty and Interest Payments)

J. Total Taxes Due or Overpaid (Item H minus Item I) \$1,016.10