


22222		a Employee's social security number 766-06-3825		OMB No. 1545-0008	
b Employer identification number (EIN) 46-0630742			1 Wages, tips, other compensation 69971.00		2 Federal income tax withheld 5546.07
c Employer's name, address, and ZIP code INCORPORAN INC 239 NEW ROAD SUITE B - 206 PARSIPPANY NJ 07054			3 Social security wages 69971.00		4 Social security tax withheld 4338.20
			5 Medicare wages and tips 69971.00		6 Medicare tax withheld 1014.58
			7 Social security tips		8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial YOGESH		Last name PANDARE	Suff.	11 Nonqualified plans	
105 GRAHAM ST JERSEY CITY NJ 07307			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a
			14 Other UI/HC/WD 95.63		12b
			DI 58.50		12c
			NYS DI 20.80		12d
f Employee's address and ZIP code			NYPFL 129.94		
15 State NY	Employer's state ID number 460630742	16 State wages, tips, etc. 69971.00	17 State income tax 2352.68	18 Local wages, tips, etc.	19 Local income tax
20 Locality name					

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2020

Department of the Treasury—Internal Revenue Service

a Employee's social security number 766-06-3825		OMB No. 1545-0008		Safe, accurate, FAST! Use  Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 46-0630742			1 Wages, tips, other compensation 69971.00		2 Federal income tax withheld 5546.07
c Employer's name, address, and ZIP code INCORPORAN INC 239 NEW ROAD SUITE B - 206 PARSIPPANY NJ 07054			3 Social security wages 69971.00		4 Social security tax withheld 4338.20
			5 Medicare wages and tips 69971.00		6 Medicare tax withheld 1014.58
			7 Social security tips		8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial YOGESH		Last name PANDARE	Suff.	11 Nonqualified plans	
105 GRAHAM ST JERSEY CITY NJ 07307			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12
			14 Other UI/HC/WD 95.63		12b
			DI 58.50		12c
			NYS DI 20.80		12d
f Employee's address and ZIP code			NYPFL 129.94		
15 State NY	Employer's state ID number 460630742	16 State wages, tips, etc. 69971.00	17 State income tax 2352.68	18 Local wages, tips, etc.	19 Local income tax
20 Locality name					

Form **W-2** Wage and Tax Statement
Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2020

Department of the Treasury—Internal Revenue Service

		a Employee's social security number 766-06-3825	OMB No. 1545-0008 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 identification number (EIN) 46-0630742		1 Wages, tips, other compensation 69971.00		2 Federal income tax withheld 5546.07		
c Employer's name, address, and ZIP code INCORPORAN INC 239 NEW ROAD SUITE B - 206 PARSIPPANY NJ 07054		3 Social security wages 69971.00		4 Social security tax withheld 4338.20		
		5 Medicare wages and tips 69971.00		6 Medicare tax withheld 1014.58		
		7 Social security tips		8 Allocated tips		
d Control number		9		10 Dependent care benefits		
e Employee's first name and initial YOGESH 105 GRAHAM ST JERSEY CITY NJ 07307		f Employee's address and ZIP code		11 Nonqualified plans		12a See instructions for box 12
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b
				14 Other UI/HC/WD 95.63		12c
				DI 58.50 NYSDI 20.80 NYPFL 129.94		12d
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY	460630742	69971.00	2352.68			

Form **W-2** Wage and Tax Statement
Copy C—For EMPLOYEE'S RECORDS
(See Notice to Employee on the back of Copy B.)

2020

Department of the Treasury—Internal Revenue Service



		a Employee's social security number 766-06-3825	OMB No. 1545-0008			
b Employer identification number (EIN) 46-0630742		1 Wages, tips, other compensation 69971.00		2 Federal income tax withheld 5546.07		
c Employer's name, address, and ZIP code INCORPORAN INC 239 NEW ROAD SUITE B - 206 PARSIPPANY NJ 07054		3 Social security wages 69971.00		4 Social security tax withheld 4338.20		
		5 Medicare wages and tips 69971.00		6 Medicare tax withheld 1014.58		
		7 Social security tips		8 Allocated tips		
d Control number		9		10 Dependent care benefits		
e Employee's first name and initial YOGESH 105 GRAHAM ST JERSEY CITY NJ 07307		f Employee's address and ZIP code		11 Nonqualified plans		12a
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b
				14 Other UI/HC/WD 95.63		12c
				DI 58.50 NYSDI 20.80 NYPFL 129.94		12d
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY	460630742	69971.00	2352.68			

Form **W-2** Wage and Tax Statement
Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

2020

Department of the Treasury—Internal Revenue Service