55555	a Employee's social security number 766-06-3825	OMB No. 154	545-0008						
b Employer identification number (EIN) 46-0630742				ges, tips, other com	npensation 9971.00	2 Federal income tax withheld 5546.07			
c Employer's name, address, and ZIP code				ocial security wages 4 Social security tax with 69971.00			x withheld 4338.20		
INCORPORAN INC 239 NEW ROAD				Medicare wages and tips 6 Medicare tax withheld					
SUITE B - 206 PARSIPPANY NJ 07054				7 Social security tips			8 Allocated tips		
d Control number				9			10 Dependent care benefits		
e Employee's first name and initial Last name Suff.			11 No	nqualified plans		12a	1		
YOGESH PANDARE 105 GRAHAM ST				utory Retirement plan	Third-party sick pay	12b			
JERSEY CITY NJ 07307 f Employee's address and ZIP code				/WD	95.63 58.50 20.80 129.94	12d			
15 State Employer's state ID numb NY 460630742				18 Local wages		19 Local in	come tax	20 Locality nam	
W 2 was an	d Tay Statement		<u> </u>	De	epartment of	f the Treasu	rv—Internal I	Revenue Servic	

Form W-Z Wage and Tax Statement

5050

Copy 1—For State, City, or Local Tax Department

	a Employ 766-06-3	ree's social security number	OMB No. 154		Safe, accurate, FAST! Use	IRS	file	Visit the www.irs	e IRS website at s.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, add	dress, and ZIP code			3 Social security wages			4 Social security tax withheld		
INCORPORAN INC				69971.00			4338.20		
239 NEW ROAD				5 Medicare wages and tips			6 Medicare tax withheld		
SUITE B - 206				69971.00			1014.58		
PARSIPPANY NJ 07054				7 Social security tips			8 Allocated tips		
d Control number				9			10 Depe	ndent care t	oenefits
e Employee's first name	and initial Las	t name	Suff.	11 Nor	nqualified plans		12a See i	nstructions	for box 12
YOGESH	PA	NDARE		13 Statu	itory Retirement	Third-party sick pay	12b		
105 GRAHAM ST						C o d e			
				14 Oth			12c		
				UI/HC/\	ND	95.63	o d e		
JERSEY CITY NJ 07307			DI		58.50	12d			
				NYSDI		20.80	o d e		
f Employee's address and ZIP code			NYPFL		129.94				
15 State Employer's sta	e ID number	16 State wages, tips, etc.	17 State incon	ne tax	18 Local wage	es, tips, etc.	19 Local inc	ome tax	20 Locality name
NY 460630742		69971.00	2:	352.68					

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



Department of the Treasury-Internal Revenue Service

а Етрloyе 766-06-3	e's social security number 825	OMB No. 154	5-0008	This information is are required to file may be imposed o	being furnisl a tax return, n you if this	hed to a negl income	the Internal Reve igence penalty o e is taxable and y	enue Service. If your other sanction you fail to report it.
b Employer identification number (EIN)				ges, tips, other com	pensation	2	Federal income	e tax withheld
46-0630742			69971.00			5546.07		
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld		
INCORPORAN INC			69971.00			4338.20		
239 NEW ROAD			5 Medicare wages and tips		6 Medicare tax withheld			
SUITE B - 206					9971.00	1014.58		
PARSIPPANY NJ 07054			7 Social security tips			8 Allocated tips		
d Control number				9 10 Dependent care bene			re benefits	
e Employee's first name and initial Last	name	Suff.	11 No	nqualified plans		12a	See instructio	ns for box 12
YOGESH PANDARE			13 Statu	utory Retirement	Third-party sick pay	12b	<u> </u> 	
105 GRAHAM ST						d e		
			14 Oth		95.63	12c	: 	
JERSEY CITY NJ 07307			DI		58.50	12d		
			NYSD)I	20.80	o d e		
f Employee's address and ZIP code				L	129.94			
15 State Employer's state ID number NY 460630742	16 State wages, tips, etc. 69971.00		ne tax 352.68	18 Local wages	, tips, etc.	19 Lo	cal income tax	20 Locality nam
1	03911.00							
Form W-2 Wage and Tax St	atement	202	חי	De	partment of	the T	reasury—Intern	al Revenue Servic
Copy C—For EMPLOYEE'S RECORDS			. U			fe, aco ST! U	curate, IRS	√file)

(See *Notice to Employee* on the back of Copy B.)

	a Employee's social security number							
	766-06-3825	OMB No. 1545-0008						
b Employer identification number (EIN)			1 Wag	ges, tips, other compensation	2 Federal income tax withheld			
46-0630742			69971.00 554				5546.07	
c Employer's name, address, and ZIP code			3 Soc	cial security wages	4 Social security tax withheld			
INCORPORAN INC				69971.00		4338.20		
239 NEW ROAD			5 Med	dicare wages and tips	6 Medicare tax withheld			
SUITE B - 206			69971.00				1014.58	
PARSIPPANY NJ 07054			7 Soc	cial security tips	8 Allocated tips			
					40.5		C)	
d Control number			9		10 Deper	ndent care be	enents	
e Employee's first name and initia	Last name	Suff.	11 No	ngualified plans	12a			
e Employee's first flame and finitia	Last Harrie	Suii.	II NOI	iqualilled plails	C	1		
YOGESH	PANDARE		13 Statu	itory Retirement Third-party	12b			
105 GRAHAM ST			empi	oyée plan sick pay	C			
103 OKALIAWI 31			14 Oth	er	12c			
			UI/HC	WD 95.63	Cod			
JERSEY CITY NJ 07307			DI	58.50	12d			
CERCET CITTING CTCCT			NYSD	1 20.80	o d			
f Employee's address and ZIP code			NYPF	L 129.94				
15 State Employer's state ID numl	per 16 State wages, tips, etc.	17 State incom	ne tax	18 Local wages, tips, etc.	19 Local inc	ome tax	20 Locality name	
NY 460630742	69971.00	2	352.68					

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

