55555	a Employee's social security number 766-06-3825	OMB No. 154	545-0008						
b Employer identification number (EIN)			1 Wag	ges, tips, other compensation	2 Federal income tax withheld				
46-0630742				5546.07					
c Employer's name, address, and ZIP code			3 Soc	cial security wages	ocial security tax withheld				
INCORPORAN INC			69971.00 43						
239 NEW ROAD			5 Me	dicare wages and tips	6 Me	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 Dependent care benefits			
e Employee's first name and initial Last name Suf			11 No	nqualified plans	ı				
YOGESH PANDARE			13 Statu	utory Retirement Third-party	12b				
105 GRAHAM ST			emp	loyee plan sick pay	C o d				
100 010 11 11 11 11 11 11 11 11 11 11 11				14 Other 12c					
				UI/HC/WD 95.63					
JERSEY CITY NJ 07307			DI	58.50	c Zu	1			
			NYSD		o d e				
f Employee's address and ZIP cod		T.=	NYPFL						
15 State Employer's state ID numb				18 Local wages, tips, etc.	19 Local	income tax	20 Locality name		
NJ 460-630-742/000	22500.00		513.00						
NJ FLI			36.00						

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

Department of the Treasury-Internal Revenue Service

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

	a Employee's social security number 766-06-3825	OMB No. 154		Safe, accurate, FAST! Use	Visit the IRS website at www.irs.gov/efile			
b Employer identification number (EIN) 46-0630742			1 Waq	ges, tips, other compensation 69971.00	2 Federal income tax withheld 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 Me	dicare wages and tips	6 Medicare tax withheld			
SUITE B - 206			69971.00 1014.5					
PARSIPPANY NJ 07054			7 Soc	cial 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 See instructions for box 12			
YOGESH	PANDARE		. a. Chat	utory Retirement Third-party	0 d e			
405 00 41444 07			13 Statu	utory Retirement Third-party loyee plan sick pay	12b			
105 GRAHAM ST			14 Oth		12c			
			UI/HC/		126 C d			
JERSEY CITY NJ 07307			DI	58.50	12d			
SERGET SITT NO STOST			NYSDI	20.80	Codd			
f Employee's address and ZIP code			NYPFL					
15 State Employer's state ID num	per 16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name			
NJ 460-630-742/000	22500.00	:	513.00					
NJ FLI			36.00					

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



Department of the Treasury-Internal Revenue Service

	a Employe	ee's social security number			This in	formation is	being furnis	hed to	the Inte	ernal Reveni	e Service 1	lf vou
	766-06-3	•	OMB No. 154	5-0008	are red	quired to file	a tax return, on you if this	a neg	ligence	penalty or o	ther sanctio	on
b Employer identification number (EIN)				1 W	1 Wages, tips, other compensation 2 Federal income tax wi						_	
46-0630742					69971.00 5546						5546.07	7
c Employer's name, addre	ess, and ZIP code			3 S	ocial sec	curity wage	s	4 Social security tax withheld				
INCORPORAN INC				****					4338.20	0		
239 NEW ROAD				5 Medicare wages and tips					6 Medicare tax withheld			
SUITE B - 206									1014.58			
PARSIPPANY NJ 070	054			7 Social security tips 8 Allocated tips								
d Control number				9				10	Deper	ndent care I	penefits	
e Employee's first name a	nd initial Last	t name	Suff.	11 N	onqualif	ied plans		12a	See in	nstructions 	for box 12	
YOGESH	PAN	NDARE		13 St	atutory	Retirement	Third-party	12b				
105 GRAHAM ST				en [ployee	plan	sick pay	C				
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				UI/H	C/WD		95.63	Cod				
JERSEY CITY NJ 073	07			DI 58.5			58.50	120				
CERCET CITTING COOP			NYSDI 20.8			20.80	o d					
f Employee's address and	ZIP code			NYP	FL		129.94					
15 State Employer's state	ID number	16 State wages, tips, etc.	17 State incon	ne tax	18 L	ocal wages	s, tips, etc.	19 Lo	cal inc	ome tax	20 Locality	y name
NJ 460-630-742/00	0	22500.00	;	513.00								
NJ FLI				36.00								
W_2 was	o and Tay St	atement	בחכ	חנ		De	epartment of	f the T	reasury	/-Internal	Revenue S	ervice

Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) Safe, accurate, FAST! Use



T		1								
	a Employee's social security number									
	766-06-3825	OMB No. 154	45-0008							
b Employer identification number (El	b Employer identification number (EIN)			1 Wages, tips, other compensation 2 Federal income tax with						
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			69971.00					1014.58		
PARSIPPANY NJ 07054			7 Social security tips				8 Allocated tips			
d Control number			9 10 Dependent care benefi					penefits		
e Employee's first name and initial	Last name	Suff.	11 No	nqualified plar	is	12a				
YOGESH	PANDARE					o d e				
TOGESTI	TANDARE		13 Statu emp	utory Retirem loyee <u>plan</u>	ent Third-party sick pay	12b				
105 GRAHAM ST						o d e				
			14 Oth		95.63	12c	:			
				/VVD		e e				
JERSEY CITY NJ 07307			DI 58.50 NYSDI 20.80) 12d	l .			
)				
f Employee's address and ZIP code			NYPF	L	129.94					
15 State Employer's state ID number	16 State wages, tips, etc.	17 State incor	ne tax	18 Local wa	ges, tips, etc.	19 Lo	cal income	tax	20 Locality name	
NJ 460-630-742/000	22500.00		513.00							
N.J FLI			36.00							

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



Department of the Treasury-Internal Revenue Service