

| Copy B—To Be Filed With Employee's FEDERAL Tax Return. | | 2020 | | OMB No. 1545-0008 |
|--|--|---|---------|-------------------|
| a Employee's SSN | 1 Wages, tips, other comp. 83304.01 | 2 Federal income tax withheld 10147.98 | | |
| 049-06-9793 | 3 Social security wages 83304.01 | 4 Social security tax withheld 5164.85 | | |
| b Employer ID no. (EIN) | 5 Medicare wages and tips 83304.01 | 6 Medicare tax withheld 1207.91 | | |
| 02-0728552 | c Employer's name, address, and ZIP code CENTER FOR REHABILITATION & HEA 9 RESERVOIR ROAD PAWLING, NY 12564 | | | |
| d Control number 000104 | e Employee's name, address, and ZIP code GANESH YASAM 7223 AVALON VALLEY DRIVE DANBURY, CT 06810 | | | |
| 7 Social security tips | 8 Allocated tips | 9 | | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 DD | 5969.97 | |
| 13 Statutory employee | 14 Other NYDI 38.40 | 12b | | |
| Retirement plan | NYPFL 196.72 | 12c | | |
| Third-party sick pay | | 12d | | |
| NY 020728552 | 83304.01 | 4075.56 | | |
| 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 | | |

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service.

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.

| Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee.) | | 2020 | | OMB No. 1545-0008 |
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Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS

WTS 2592712 0 AW2411D

| Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return | | 2020 | | OMB No. 1545-0008 |
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