

FORM W-2 Wage and Tax Statement
 Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

Dept. of the Treasury • 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.

These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns.
 If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

All copies of your W-2 are on this page, separated by perforations. The white copies are for your tax returns; the blue copy is for your records. General instructions for these forms, including an explanation of the letter codes used in box 12 are on the other side of the page.

D. CONTROL NUMBER This information is being furnished to the Internal Revenue Service		2020 OMB NO. 1545-0008		1 WAGES, TIPS, OTHER COMPENSATION	2 FEDERAL INCOME TAX WITHHELD
B. EMPLOYER IDENTIFICATION NUMBER 13-1824190		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 393-77-3760		3 SOCIAL SECURITY WAGES	4 SOCIAL SECURITY TAX WITHHELD
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE SCHOLASTIC INC 4TH Floor 100 Plaza Drive Secaucus, NJ 07094-3613				5 MEDICARE WAGES AND TIPS	6 MEDICARE TAX WITHHELD
				7 SOCIAL SECURITY TIPS	8 ALLOCATED TIPS
				9	10 DEPENDANT CARE BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME ABHISHEK SHYAM LOYA 24 BEACON WAY APARTMENT NUMBER 202 JERSEY CITY, NJ 07304				11 NONQUALIFIED PLANS	12 a-d
F. EMPLOYEE'S ADDRESS AND ZIP CODE				14 OTHER NY PFL 196.71 NY SDI 30.00	
15 STATE NY	EMPLOYER'S STATE I.D. NO. 131824190	16 STATE WAGES, TIPS, ETC. 78314.39	17 STATE INCOME TAX 4144.98	18 LOCAL WAGES, TIPS, ETC.	19 LOCAL INCOME TAX
20 LOCALITY NAME					

FOLD AND TEAR ALONG PERFORATION

D. CONTROL NUMBER This information is being furnished to the Internal Revenue Service		OMB NO. 1545-0008		1 WAGES, TIPS, OTHER COMPENSATION	2 FEDERAL INCOME TAX WITHHELD
B. EMPLOYER IDENTIFICATION NUMBER 13-1824190		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 393-77-3760		3 SOCIAL SECURITY WAGES	4 SOCIAL SECURITY TAX WITHHELD
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE SCHOLASTIC INC 4TH Floor 100 Plaza Drive Secaucus, NJ 07094-3613				5 MEDICARE WAGES AND TIPS	6 MEDICARE TAX WITHHELD
				7 SOCIAL SECURITY TIPS	8 ALLOCATED TIPS
				9	10 DEPENDANT CARE BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME ABHISHEK SHYAM LOYA 24 BEACON WAY APARTMENT NUMBER 202 JERSEY CITY, NJ 07304				11 NONQUALIFIED PLANS	12 a-d
F. EMPLOYEE'S ADDRESS AND ZIP CODE				14 OTHER NY PFL 196.71 NY SDI 30.00	
15 STATE NY	EMPLOYER'S STATE I.D. NO. 131824190	16 STATE WAGES, TIPS, ETC. 78314.39	17 STATE INCOME TAX 4144.98	18 LOCAL WAGES, TIPS, ETC.	19 LOCAL INCOME TAX
20 LOCALITY NAME					

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return 2020
FORM W-2 Wage and Tax Statement

Dept. of the Treasury - Internal Revenue Service

FOLD AND TEAR ALONG PERFORATION

D. CONTROL NUMBER This information is being furnished to the Internal Revenue Service		OMB NO. 1545-0008		1 WAGES, TIPS, OTHER COMPENSATION	2 FEDERAL INCOME TAX WITHHELD
B. EMPLOYER IDENTIFICATION NUMBER 13-1824190		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 393-77-3760		3 SOCIAL SECURITY WAGES	4 SOCIAL SECURITY TAX WITHHELD
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE SCHOLASTIC INC 4TH Floor 100 Plaza Drive Secaucus, NJ 07094-3613				5 MEDICARE WAGES AND TIPS	6 MEDICARE TAX WITHHELD
				7 SOCIAL SECURITY TIPS	8 ALLOCATED TIPS
				9	10 DEPENDANT CARE BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME ABHISHEK SHYAM LOYA 24 BEACON WAY APARTMENT NUMBER 202 JERSEY CITY, NJ 07304				11 NONQUALIFIED PLANS	12 a-d
F. EMPLOYEE'S ADDRESS AND ZIP CODE				14 OTHER NY PFL 196.71 NY SDI 30.00	
15 STATE NY	EMPLOYER'S STATE I.D. NO. 131824190	16 STATE WAGES, TIPS, ETC. 78314.39	17 STATE INCOME TAX 4144.98	18 LOCAL WAGES, TIPS, ETC.	19 LOCAL INCOME TAX
20 LOCALITY NAME					

Dept. of the Treasury - Internal Revenue Service

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return 2020
FORM W-2 Wage and Tax Statement

FOLD AND TEAR ALONG PERFORATION

D. CONTROL NUMBER This information is being furnished to the Internal Revenue Service		OMB NO. 1545-0008		1 WAGES, TIPS, OTHER COMPENSATION	2 FEDERAL INCOME TAX WITHHELD
B. EMPLOYER IDENTIFICATION NUMBER 13-1824190		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 393-77-3760		3 SOCIAL SECURITY WAGES	4 SOCIAL SECURITY TAX WITHHELD
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE SCHOLASTIC INC 4TH Floor 100 Plaza Drive Secaucus, NJ 07094-3613				5 MEDICARE WAGES AND TIPS	6 MEDICARE TAX WITHHELD
				7 SOCIAL SECURITY TIPS	8 ALLOCATED TIPS
				9	10 DEPENDANT CARE BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME ABHISHEK SHYAM LOYA 24 BEACON WAY APARTMENT NUMBER 202 JERSEY CITY, NJ 07304				11 NONQUALIFIED PLANS	12 a-d
F. EMPLOYEE'S ADDRESS AND ZIP CODE				14 OTHER NY PFL 196.71 NY SDI 30.00	
15 STATE NY	EMPLOYER'S STATE I.D. NO. 131824190	16 STATE WAGES, TIPS, ETC. 78314.39	17 STATE INCOME TAX 4144.98	18 LOCAL WAGES, TIPS, ETC.	19 LOCAL INCOME TAX
20 LOCALITY NAME					

Dept. of the Treasury - Internal Revenue Service

Copy B To be filed with Employee's FEDERAL tax return 2020
FORM W-2 Wage and Tax Statement

FOLD AND TEAR ALONG PERFORATION

Visit www.irs.gov/efile for e-file details.

© CERIDIAN

W-2 AND WAGE SUMMARY