

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2020**

a Employee's social security number 304-53-5829	1 Wages, tips, other comp. 78024.29	2 Federal income tax withheld 10262.00
	3 Social security wages 78024.29	4 Social security tax withheld 4837.51
b Employer ID number (EIN) 13-3797214	5 Medicare wages and tips 78024.29	6 Medicare tax withheld 1131.36
	c Employer's name, address, and ZIP code AKBER J. AFRIDI AFRIDI ASSOCIATES 19 WEST 21ST ST: STE 605 NEW YORK NY 10010-6805	
d Control number		
e Employee's name, address, and ZIP code FAREEZUDDIN I. MOHAMMAD 746 FRANKLIN STREET WESTBURY NY 11590		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other NY PFL SDI	206.69 31.20	H/INS. 2233.47
NY 13-3797214	78024.29	3928.47
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

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.
DXA Dept. of the Treasury - IRS

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Copy 2 - To be Filed With Employee's State, City, or Local Income Tax Return
DXA Dept. of the Treasury - IRS

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

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Copy C - For EMPLOYEE'S RECORDS (See Notice on back.)
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