Form W-2 Wage and Tax	For	COF EMPLOYE	E'S RECC	SRECORDS C			
Statement	(See Notice to Employee on the Employee Earnings Statement				OMB No. 1545-0	800	
a Control number					ederal income tax with	neld	
6846516179	42873.62				4882	.07	
<b>b</b> Employer's EIN	3 Social security wages 4				ocial security tax withh	eld	
13-1982883	42873.62				2658	.08	
d Employee's SSN	ů i			6 M	6 Medicare tax withheld		
096-75-6027			12873.62		621	.60	
c Employer's name, a SUPREME SCRI 10 SKYLINE DRI PLAINVIEW NY	EW PF		INC				
3 Statutory employee	Retirement p	lan		Third-party sick pay			
E Employee's name, a CHARISHMA BC 43 MALONE STF HICKSVILLE NY	ORA REET						
7 Social security tips		8 Alloca	ted tips		9		
0 Dependent care ber	nefits	11 Nonqu	ualified plans	5			
2 See instructions for b	oox 12	I	14 Other UI/DB 14 CAFE 22		9		
5 State   Employer's		no. 16 State					
		1	40070	60	2 1907.4		
NY 13198	2883		42873	.02	1907	.42	
8 Local wages, tips, e	tc. urnished	to the Internal	income tax Revenue	.02	20 Locality name Dept. of the Treasury		
8 Local wages, tips, e his information is being f ervice. If you are require enalty or other sanction come is taxable and you 	tc. urnished d to file a may be ir i fail to re	to the Internal tax return, a ne nposed on you	income tax Revenue agligence if this		20 Locality name Dept. of the Treasury		
8 Local wages, tips, e his information is being f ervice. If you are require enalty or other sanction i come is taxable and you Form W-2 Wage and Tax	tc. urnished d to file a may be ir i fail to re Fede	to the Internal tax return, a ne mposed on you port it. ral Filing C To Be Filed W	income tax Revenue agligence if this Copy — C	ΟΡΥ	Dept. of the Treasury	- IRS	
8 Local wages, tips, e his information is being f ervice. If you are require enalty or other sanction i come is taxable and you Form W-2 Wage and Tax Statement	tc. urnished d to file a may be in a fail to re Fede	to the Internal tax return, a ne mposed on you port it. ral Filing C To Be Filed W FEDERAL	income tax Revenue agligence if this Copy — C tith Employee Tax Return.	<b>OPY</b> e's	20 Locality name Dept. of the Treasury BCDED OMB No. 1545-0	- IRS	
8 Local wages, tips, e his information is being f ervice. If you are require enalty or other sanction come is taxable and you Form W-2 Wage and Tax Statement a Control number	tc. urnished d to file a may be in a fail to re Fede	to the Internal tax return, a ne prosed on you port it. ral Filing C To Be Filed W FEDERAL ges, tips, othe	income tax Revenue agligence if this Copy — C tith Employee Tax Return. r comp.	<b>OPY</b> e's	20 Locality name Dept. of the Treasury B 2020 OMB No. 1545-0 ederal income tax with	- IRS 008 neld	
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8 Local wages, tips, e his information is being f ervice. If you are require enalty or other sanction come is taxable and you Form W-2 Wage and Tax Statement a Control number 6846516179 b Employer's EIN	urnished d to file a may be ir a fail to re Fede	to the Internal tax return, a nu mposed on you port it. ral Filing C To Be Filed W FEDERAL ges, tips, othe aial security wa	income tax Revenue agligence if this Copy — C Tax Return. r comp. 42873.62 ages	<b>OPY</b> ∋'s 2 Fe	20 Locality name Dept. of the Treasury MB 2020 OMB No. 1545-0 ederal income tax withl 4882 pocial security tax withh	- IRS 008 held .07 eld	
8 Local wages, tips, e his information is being f ervice. If you are required enalty or other sanction in ccome is taxable and you Form W-2 Wage and Tax Statement a Control number 6846516179 b Employer's EIN 13-1982883	ttc. urnished d to file a may be ir fail to re <b>Fede</b> 1 Wag 3 Soc	to the Internal tax return, a ni mposed on you port it. ral Filing C To Be Filed W FEDERAL ges, tips, other als security wa	income tax Revenue gilgence if this Copy — C th Employed Tax Return. r comp. 42873.62 ages 42873.62	<b>OPY</b> 9's 2 Fe 4 Sc	20 Locality name Dept. of the Treasury MB 2020 OMB No. 1545-0 oderal income tax withi 4882 bocial security tax withh 2658	- IRS 008 held .07 eld	
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8 Local wages, tips, e his information is being f iervice. If you are required enalty or other sanction in iccome is taxable and you Form W-2 Wage and Tax Statement a Control number 6846516179 b Employer's EIN 13-1982883 d Employee's SSN 096-75-6027 c Employer's name, a SUPREME SCRI 10 SKYLINE DRI PLAINVIEW NY 3 Statutory employee e Employee's name, a CHARISHMA BC 43 MALONE STF HICKSVILLE NY	tc. urnished d to file a may be ir fail to re Fede 3 Soc 5 Mec 5 Mec 11803 ddress a EW PF VE 11803 address 11801	to the Internal tax return, a n mposed on you port it. ral Filing C To Be Filed W FEDERAL ges, tips, othe dicare wages and ZIP code Retirement p and ZIP code Retirement p and ZIP code	income tax Revenue gilgence if this Copy — C th Employed Tax Return. r comp. 42873.62 ages 42873.62 INC Ian	OPY 2 Fe 4 Sc 6 M	20 Locality name Dept. of the Treasury MB 2020 OMB No. 1545-0 OMB No. 1545-0 aderal income tax withi 4882 boda security tax withi 2658 edicare tax withheld 621 Third-party sick pay	- IRS 008 held .07 eld .08	

## 2020 EMPLOYEE EARNINGS STATEMENT

This Earnings Statement provides you with more information pertaining to your W-2 and tax status. Also see the reverse side for IRS instructions.

1. W-4 information reflects data submitted to employer on Form W-4

Soc. Sec. No.: Marital Status:		<b>Exemptions</b>	
	,	Federal: State: Local:	0

2. Taxable W-2 Wages

	Wages, Tips Other Comp. Box 1	Soc. Sec. Wages Box 3	Medicare Wages Box 5	State Wages Box 16	
Gross Pay	42896.50	42896.50	42896.50	42896.50	
Exempt Wages	22.88	3 22.88	22.88	22.88	
Reported on W2	42873.62	42873.62	42873.62	42873.62	

Forr		State or	· Local C	Сору — С	COP	12	21	020
Wage an	d Tax	To Be Filed With Employee's State,						
Staten		City, or Local Income Tax Return OMB No. 1545-0008 1 Wages, tips, other comp. 2 Federal income tax withheld						
	l number				dera	lincome		
	<u>5516179</u>	42873.62					4882.07	
· ·	yer's EIN	, ,			ocial security tax withheld			
	982883	42873.62						2658.08
· ·	yee's SSN				edicare tax withheld			
096-75		42873.62 ddress and ZIP code			621.60			
10 SK	ÉME SCRI YLINE DRI IVIEW NY	VE	DUCTS	INC				
13 Statutory employee Ret			tirement plan			Third-party sick pay		
CHÀRÌSHMA BOORA 43 MALONE STREET HICKSVILLE NY 11801								
7 Social	security tips		8 Alloca	ted tips		9		
10 Depen	dent care ber	nefits	11 Nonqu	alified plan	S	•		
12 See ins	structions for k	box 12		14 Other UI/DB 14 CAFE 22		9		
15 State	Employer's	state ID no.	16 State	wages, tips,	, etc.	<b>17</b> S	State inco	ome tax
NY	13198	2883		42873.62		1907.42		
18 Local v	wages, tips, e	tc.	19 Local	income tax		<b>20</b> L	ocality n	ame
						Dep	ot. of the	Treasury - IRS

SUPREME SCREW PRODUCTS INC 10 SKYLINE DRIVE PLAINVIEW NY 11803

NY

18 Local wages, tips, etc.

131982883

This information is being furnished to the Internal Revenue Service.

15 State | Employer's state ID no. 16 State wages, tips, etc. 17 State income tax

19 Local income tax

42873.62

1907.42

20 Locality name

Dept. of the Treasury - IRS