a Employee's SSN 682-90-4494	b Employer identification n	umber (FIN) 26-233	34567	OMB No. 1545-0008
C Employer's name, address, and ZIP code	1 Wgs, tips, other compn	2 Fed inc tax withheld	3 Social security wages	
INNERCITY ELEVATOR CORP INNERCITY ELEVATOR CORP.	37400.00	4573.00	37400.00	Form W-2
1101 E GUN HILL RD	4 SS tax withheld 2318.80	5 Medicare wages & tips 37400.00	6 Medicare tax withheld 542.30	Wage and Tax
BRONX NY 10469-2417	7 Social security tips	8 Allocated tips	9	Statement
d Control number	10 Depdnt care benefits	11 Nonqualified plans	12a	2021
e Employee's name, address, and ZIP code Suff.	13	14 Other	12b	2021
LALIT GROVER	Statutory employee .	NY-SDI 10.20	12c	Copy B To Be Filed with
7 GRANNY APPLE CIRCLE	Retirement plan	NY-FLI 191.08		Employee's FEDERAL Tax Return
RIDGE NY 11961	Third-party sick pay		12d	This information is being furnished to the Internal Revenue Service.
15 State Employer's state ID number NY 262334567 1 16 State wages, tips, etc 37400.00	17 State income tax 2060.91	18 Local wages, tips, etc 37400.00	19 Local income tax 1481.55	20 Locality name NYC Res
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BRONX NY 10469-2417	7 Social security tips	8 Allocated tips	9	Statement
d Control number	10 Depdnt care benefits	11 Nonqualified plans	12a	2021
e Employee's name, address, and ZIP code Suff.	13	14 Other	12b	
e Employee's name, address, and ZIP code Suff.	13 Statutory employee .	14 Other NY-SDI 10.20	12b	Copy 2 To Be
LALIT GROVER	Statutory employee		12b	Copy 2 To Be Filed With Employee's State.
LALIT GROVER 7 GRANNY APPLE CIRCLE		NY-SDI 10.20	12c	Copy 2 To Be Filed With Employee's State, City, or Local
LALIT GROVER	Statutory employee	NY-SDI 10.20		Copy 2 To Be Filed With Employee's State.
LALIT GROVER 7 GRANNY APPLE CIRCLE RIDGE NY 11961	Statutory employee	NY-SDI 10.20	12c 12d 19 Local income tax 0 1481.5	Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 20 Locality name NYC Res
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