

Copy B To Be Filed With Employee's FEDERAL Tax Return		OMB No. 1545-0008	
a Employee's SSN 804-99-0737	1 Wages, tips, other comp. 43603.70	2 Fed. income tax withheld 4832.05	
b Employer ID number (EIN) 27-0811252	3 Social security wages 43603.70	4 Soc. sec. tax withheld 2703.49	
	5 Medicare wages and tips 43603.70	6 Medicare tax withheld 632.18	
c Employer's name, address, and ZIP code ORGANIC BASIC FOOD LLC 204 WASHINGTON STREET HOBOKEN, NJ 07030			
d Control number 66			
e Employee's name, address, and ZIP code CHHANDA MAZUMDER 887 SUMMIT AVE. APT #D JERSEY CITY, NJ 07307			
7 Social security tips 0.00	8 Allocated tips 0.00	9	
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a Code	See inst. for box 12
13 Statutory employee	14 Other	12b Code	
Retirement plan	NJFLI 122.02 NJSDI 205.05 NJSUI 153.85	12c Code	
Third-party sick pay		12d Code	
15 State Employer's state ID # NJ 270-811-252	16 State wages, tips, etc. 43603.70	17 State income tax 1305.21	
	0.00	0.00	
18 Local wages, tips, etc. 0.00	19 Local income tax 0.00	20 Locality name	
0.00	0.00		

Form W-2 Wage and Tax Statement 2021 Dept. of the Treasury -- IRS
This information is being furnished to the Internal Revenue Service.

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		OMB No. 1545-0008	
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	0.00	0.00	
18 Local wages, tips, etc. 0.00	19 Local income tax 0.00	20 Locality name	
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Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)		OMB No. 1545-0008	
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13 Statutory employee	14 Other	12b Code	
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