

Employee Reference Wage and Tax Statement Copy C for employee's records.

d Control number Employer use only RZ/KMH

Employer's name, address, and ZIP code

BI LABS INC 517 ROUTE 1 S SUITE 1116 ISELIN, NJ 08830

Batch #91704

e/f Employee's name, address, and ZIP code

OVEYA DURAIARASAN 43810 N 44TH LN NEW RIVER, AZ 85087

a Employee's SSA number XXX-XX-4729 b Employer's FED ID number 36-4839838 Wages, tips, other comp. Federal income tax withheld 50086.00 4002.96 3 Social security wages Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld 7 Social security tips 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 11 Nonqualified plans 12b 14 Other 28.00 FLI 47.00 NJ DI 42.50 UI/WF/SWF 13 Stat emp Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. TOTAL STATE 17 State income tax 18 Local wages, tips, etc. 1248.99 19 Local income tax 20 Locality name

1	1 Wages, tips, other comp. 50086.00			Federa	Iincom	-	with 4002	
3	3 Social security wages		4	Social	security	y tax	with	held
5	5 Medicare wages and tips		6	Medica	re tax v	withh	eld	
d	Control number	Dept.		Corp.	Empl	oyer	use	only
000272 RZ/KMH					Α			23
c	c Employer's name address and ZIP code							

BI LABS INC 517 ROUTE 1 S SUITE 1116 ISELIN, NJ 08830

b	Employer's FED ID number 36-4839838	a Employee's SSA number XXX-XX-4729
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12
14	Other	12b
	28.00 FLI	12c
	47.00 NJ DI 42.50 UI/WF/SWF	12d
		13 Stat emp Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code

OVEYA DURAIARASAN 43810 N 44TH LN NEW RIVER, AZ 85087

-	15	State	Employer's state ID no. TOTAL STATE	16 State wages, tips, etc.
1	17	State	income tax 1248.99	18 Local wages, tips, etc.
1	19	Local	income tax	20 Locality name
Г			Federal Fili	na Conv

Wage and Tax Statement OMB Noone Tax Return This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Wages, Tips, other Social Security Medicare AZ. State Wages, Compensation Wages Wages Box 3 of W-2 Box 5 of W-2 Box 16 of W-2 Box 1 of W-2

50,086.00 50,086.00 50,086.00 40,086.00 Gross Pav Reported W-2 Wages 50,086.00 0.00 0.00 40,086.00

2. Employee Name and Address.

OVEYA DURAIARASAN 43810 N 44TH LN NEW RIVER, AZ 85087

© 2021 ADP, Inc.

1 Wages, tips, other comp. 50086.00		2 Federal income tax withheld 4002.96			
3 Social security wages		4 Social	security tax	withheld	
5 Medicare wages and t	ips	6 Medica	re tax withh	ield	
d Control number	Dept.	Corp.	Employer	use only	
000272 RZ/KMH			Α	23	

Employer's name, address, and ZIP code

BI LABS INC 517 ROUTE 1 S SUITE 1116 ISELIN, NJ 08830

	XXX-XX-4729
Social security tips	8 Allocated tips
	10 Dependent care benefits
Nonqualified plans	12a
Other	12b
	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code

OVEYA DURAIARASAN 43810 N 44TH LN NEW RIVER, AZ 85087

ı					
	15 State AZ	Employer's state ID no. 36-4839838	16	6 State wages, tips, etc. 40086.00	
	17 State	income tax	18	8 Local wages, tips, etc.	
ı		1082.31			
	19 Local	income tax	20	0 Locality name	

AZ.State Reference Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.

1	Wages, tips, other comp. 50086.00		2	Federa	I income tax withheld 4002.96	
3	Social security wages		4	Social	security tax withheld	
5	Medicare wages and tips		6	Medica	re tax withheld	
d	Control number	Dept.		Corp.	Employer use only	
00	0272 RZ/KM	Н			A 23	
С	c Employer's name, address, and ZIP code					

BI LABS INC 517 ROUTE 1 S SUITE 1116 ISELIN, NJ 08830

b	Employer's FED ID number 36-4839838	a Employee's SSA number XXX-XX-4729				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a				
14	Other	12b				
		12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				
o/f	Employog's name address a	nd ZID code				

OVEYA DURAIARASAN 43810 N 44TH LN NEW RIVER, AZ 85087

15 A	State Z	Employer's state ID no 36-4839838	. 16	State wages, tips, etc. 40086.00
17	State	income tax	18	8 Local wages, tips, etc.
		1082.31		
19	Local	income tax	20	Locality name

AZ.State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Retu