

VOID <input type="checkbox"/>		a Employee's social security number XXX-XX-1567		OMB No. 1545-0008		
b Employer identification number (EIN) 82-2611607			1 Wages, tips, other compensation \$88640.00		2 Federal income tax withheld \$11549.55	
c Employer's name, address, and ZIP code OSIRIS GLOBAL SOLUTIONS LLC 1 RAPHAEL DR MONMOUTH JCT, NJ 08852-2546 (732) 436-0902			3 Social security wages \$12760.00		4 Social security tax withheld \$791.12	
			5 Medicare wages and tips \$12760.00		6 Medicare tax withheld \$185.02	
			7 Social security tips \$0.00		8 Allocated tips \$0.00	
d Control number 1			9		10 Dependent care benefits \$0.00	
e Employee's first name and initial Last name Suff. ISMAIL PASHA SHAIK 189 GARDEN DR MANCHESTER, NH 03102			11 Nonqualified plans \$0.00		12a See instructions for box 12 C o d e \$0.00	
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o d e \$0.00	
			14 Other NYS DI 26.00 NYPFL 385.34		12c C o d e \$0.00	
					12d C o d e \$0.00	
f Employee's address and ZIP code						
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
NY	822611607	\$75880.00	\$3837.80			

Form **W-2** Wage and Tax Statement
Copy D—For Employer

2021

Department of the Treasury - Internal Revenue Service
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Act Notice, see separate instructions.