

a Employee's SSN 682-90-4494		b Employer identification number (EIN) 26-2334567				OMB No. 1545-0008	
c Employer's name, address, and ZIP code INNERCITY ELEVATOR CORP INNERCITY ELEVATOR CORP. 1101 E GUN HILL RD BRONX NY 10469-2417		1 Wgs, tips, other compn 114345.00	2 Fed inc tax withheld 13534.00	3 Social security wages 114345.00		Form W-2 Wage and Tax Statement 2022 Copy B To Be Filed with Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service.	
		4 SS tax withheld 7089.39	5 Medicare wages & tips 114345.00	6 Medicare tax withheld 1658.00			
		7 Social security tips	8 Allocated tips	9			
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a			
e Employee's name, address, and ZIP code LALIT GROVER 7 GRANNY APPLE CIRCLE RIDGE NY 11961		13 Statutory employee. <input type="checkbox"/>		14 Other NY-SDI 31.20		12b	
		Retirement plan . . <input type="checkbox"/>		NY-FLI 423.71		12c	
		Third-party sick pay <input type="checkbox"/>				12d	
15 State NY	Employer's state ID number 262334567 1	16 State wages, tips, etc 114345.00	17 State income tax 6205.06	18 Local wages, tips, etc 114345.00	19 Local income tax 4529.36	20 Locality name NYC Res	

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Department of the Treasury — IRS

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		1 Wgs, tips, other compn 114345.00	2 Fed inc tax withheld 13534.00	3 Social security wages 114345.00		Form W-2 Wage and Tax Statement 2022 Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee.)	
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