a Employee's SSN 682-90-4494	b Employer identification no	umber (EIN) 26-233	34567	OMB No. 1545-0008			
C Employer's name, address, and ZIP code INNERCITY ELEVATOR CORP	1 Wgs, tips, other compn 114345.00	2 Fed inc tax withheld 13534.00	3 Social security wages 114345.00	Form W-2			
INNERCITY ELEVATOR CORP. 1101 E GUN HILL RD	4 SS tax withheld 7089.39	5 Medicare wages & tips 114345.00	6 Medicare tax withheld 1658.00	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	2022			
e Employee's name, address, and ZIP code Suff.	Statutory employee.	14 Other NY-SDI 31.20	12b				
LALIT GROVER 7 GRANNY APPLE CIRCLE	Retirement plan	NY-FLI 423.71	12c	Copy B To Be Filed with Employee's FEDERAL Tax Return This information is being			
RIDGE NY 11961	Third-party sick pay		12d	furnished to the Internal Revenue Service.			
15 State Employer's state D number 16 State wages, tips, etc 1 262334567 1 114345.00	7 State income tax 6205.06	18 Local wages, tips, etc 114345.00	19 Local income tax 2529.36	20 Locality name NYC Res			
REV 01/17/23 OBDT Department of the Treasury — IRS							

a Employee's SSN 682-90-445	94	b Employer identification r	number (EIN) 26-233	34567	OMB No. 1545-0008
c Employer's name, address, and ZIP code INNERCITY ELEVATOR C		1 Wgs, tips, other compn 114345.00	2 Fed inc tax withheld 13534.00	3 Social security wages 114345.00	Form W-2
INNERCITY ELEVATOR C	ORP.	4 SS tax withheld 7089.39	5 Medicare wages & tips 114345.00	6 Medicare tax withheld 1658.00	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	2022
e Employee's name, address, and ZIP cod		13 Statutory employee.	14 Other NY-SDI 31.20	12b	Copy 2 To Be
LALIT GROVE 7 GRANNY APPLE CIRCL		Retirement plan	NY-FLI 423.71	12c	Filed With Employee's State, City, or Local
RIDGE NY	11961	Third-party sick pay		12d 	Income Tax Return.
15 State Employer's state ID No. NY 262334567 1	16 State wages, tips, etc 114345.00	17 State income tax 6205.06	18 Local wages, tips, etc 114345.0	19 Local income tax 0 4529.3	20 Locality name NYC Res

26-2334567 a Employee's SSN 682-90-4494 OMB No. 1545-0008 b Employer identification number (EIN) This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. C Employer's name, address, and ZIP code INNERCITY ELEVATOR CORP 1 Wgs, tips, other compn 2 Fed inc tax withheld 3 Social security wages Form W-2 INNERCITY ELEVATOR CORP. 114345.00 13534.00 114345.00 1101 E GUN HILL RD 6 Medicare tax withheld 4 SS tax withheld 5 Medicare wages & tips Wage and 7089.39 114345.00 1658.00 Tax BRONX NY 10469-2417 7 Social security tips 8 Allocated tips Statement d Control No. 10 Depdnt care benefits 11 Nonqualified plans 12a 2022 e Employee's name, address, and ZIP code Suff. 13 14 Other 12b Statutory employee. NY-SDI 31.20 Copy C For EMPLOYEE'S LALIT GROVER 12c NY-FLI 423.71 7 GRANNY APPLE CIRCLE Retirement plan . RECORDS. RIDGE 12d (See Notice to NY 11961 Employee.) Third-party sick pay 16 State wages, tips, etc 18 Local wages, tips, etc 15 State Employer's state ID No. 17 State income tax 19 Local income tax 20 Locality name NY 114345.00 262334567 1 114345.00 6205.06 4529.36 NYC Res

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