Copy B To Be FEDERAL Tax	Return.	iui Em	ployee's	20	22		
Employee's SSN	1 Wag	1 Wages, tips, other comp.			OMB No. 1545-0008 2 Federal income tax withheld		
825-66-1240	3 500	ol see - 0	48913.83		4220 -		
Employer ID no. (EIN)	3 3001	al security	wages	4 Social	security tax withheld		
83-4509760 Medicare wa					Medicare tax withheld		
MARE LOG	address, a ISTIC	nd ZIP co	de C				
356 GETT BUILDING CLIFTON	Y AVE	NUE					
d Control number					07011		
Employee's name, AYNUR OLI 293 KNOX	MEZ	IIF	ode		Suff,		
CLIFFSID	E PAR	K		NJ	07010		
7 Social security tips		8 Allocat	ed tips	9			
0 Dependent care be							
o Dependent care be	netits	11 Nonqu	alified plans	12a C	ode See inst. for box 12		
13	14 01			12b C	ode		
latutory employee		SDI	68.48	-			
		-SUI 152.23					
		-WFD 16.72					
hird-party sick pay		FLI	68.48	3			
NJ 834509	9760/	000	4891	3.83	1339.64		
15 State Employer'	s state ID r	number	16 State wages, tip	s, etc.	17 State income tax		
18 Local wages, tips,	etc.	19 Local	income tax	20 Loca	ality name		

Copy 2 To Be	Filed V	Vith Em	ployee's State sturn.	20 OM	B No. 1545-0008	
City, or Local I	ncome	nes, tips, o	ther comp.	2 Federa	al income tax withheld	
a Employee's SSN	1 110	1 Wages, tips, other comp. 48913.83		1220.0		
825-66-124	0 3 Sox	dal security	y wages	4 Social	security tax withheld	
h Employer ID no. (EIN) 5 Medicare was		dicare wag	es and tips	6 Medica	6 Medicare tax withheld	
83-450976)					
e Employer's name, MARE LOG	101-		C			
356 GETT BUILDING CLIFTON	8 AVI	ENUE		NJ	07011	
d Control number						
• Employee's name.	address.	and ZIP o	ode		Suff.	
AYNUR OL	TE L	*****				
AYNUR OLI 293 KNOX CLIFFSID	AVL	NUE		NJ	07010	
JUS KNOX	E PAI	NUE RK	ited tips	NJ 9	07010	
293 KNOX CLIFFSID	E PAI	8 Alloca		9	07010 ode See inst. for box 12	
293 KNOX CLIFFSID	E PAI	8 Alloca	ited lips	9		
293 KNOX CLIFFSID: 7 Social security lips 10 Dependent care be	E PAI	8 Alloca		9	ode See inst. for box 12	
293 KNOX CLIFFSID	E PAI	8 Alloca 11 Nonqu Other —SDI	ualified plans	9 12a C	ode See inst. for box 12	
293 KNOX CLIFFSID. 7 Social security lips 10 Dependent care be	E PAI	8 Alloca 11 Nonqu Other -SDI -SUI -WFD	68.48 152.23 16.72	9 12a C 12b C 3 12c C	ode See inst. for box 12 ode	
293 KNOX CLIFFSID: 7 Social security lips 10 Dependent care be 13 Stalutory employee Refirement Plan	E PAI	8 Alloca 11 Nonqu Other —SDI —SUI	ualified plans 68.48 152.23	9 12a C 12b C 3 12c C	ode See inst. for box 12 ode	
293 KNOX CLIFFSID: 7 Social security lips 10 Dependent care be 13 Stalulory employee	AVELE PAI	8 Alloca 11 Nonqu Sther SDI SUI WFD FLI	68.48 152.23 16.72 68.48	9 12a C 12b C 3 12c C	ode See inst. for box 12 ode	
293 KNOX CLIFFSID: 7 Social security lips 10 Dependent care be 13 Statutory employee Retirement Plan Third-party sick pay NJ 8 3 4 5 0 9	AVEI E PAI	8 Alloca 11 Nongu 11 Nongu 12 Nongu 13 Nongu 14 Nongu 15 Nongu 16 Nongu 17 Nongu 17 Nongu 18 Alloca	68.48 152.23 16.72 68.48	12a Cc 12b Cc 12c Cc 12d Cc 3 . 8 3	ode See inst. for box 12 ode ode	
293 KNOX CLIFFSID: 7 Social security tips 10 Dependent care be 13 Statutory employee Retirement Plan Third-party sick pay	AVEI E PAI	8 Alloca 11 Nonqu 11 Nonqu -SDI -SUI -WFD -FLI /000	68 - 48 152 - 23 16 - 72 68 - 48 48 91 16 State wages, tip	12a Cc 12b Cc 12c Cc 12d Cc 3 . 8 3	ode See inst. for box 12 ode ode ode 1339.64	
293 KNOX CLIFFSID: 7 Social security lips 10 Dependent care be 13 Statutory employee Retirement Plan Third-party sick pay NJ 8 3 4 5 0 9 15 State Employer's s	AVEI E PAI	8 Alloca 11 Nonqu 11 Nonqu -SDI -SUI -WFD -FLI /000	68 - 48 152 - 23 16 - 73 68 - 48 48 91 16 State wages, tip	9 12a C 3 12b C 3 12c C 12d C 3 3 . 8 3	ode See inst. for box 12 ode ode ode 1339.64	

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employees).				2022 OMB No. 1545-0008		
a Employee's SSN	1 Wages, tip:	Wages, tips, other comp.		2 Federal income tax withheld		
005 66 104		48913.83		4228.0		
825-66-1240 3 Social security wages			4 Social security tax withheld			
b Employer ID no. (EIN)	5 Madisassis		0.14			
83-4509760		5 Medicare wages and tips		6 Medicare tax withheld		
c Employer's name, MARE LOG	address, and ZIP	code LC				
356 GETTY BUILDING						
CLIFTON			NJ	07011		
d Control number						
e Employee's name, a AYNUR OLM 293 KNOX CLIFFSIDE	EZ AVENUE	code	NJ	Suff. 07010		
7 Social security tips		ited tips	9	0,010		
Dependent care bene	fits 11 Nonqu	1 Nonqualified plans		12a Code See inst. for box 12		
13	14 Other		12b Co	de		
atutory employee	NJ-SDI	J-SUI 152.23		12c Code		
	NJ-SUI					
tirement Plan	NJ-WFD					
ird-party sick pay	NJ-FLI	68.48	124 00	40		
NJ 8345097	60/000	48913	.83	1339.64		
State Employer's state	ID number	16 State wages, tips,	etc.	17 State income tax		
Local wages, tips, etc.	19 Local i	ncome tax 2	Locality	name		

REV 12/21/22 QBDT

Copy 2 To Be	Filed With	Employee's S	tate,	202	2		
City, or Local Income Tax Return.					OMB No. 1545-0008		
a Employee's SSN	1 Wages, tip	48913.83			Federal income tax withheld		
					4228.00		
825-66-124	3 Social sec	3 Social security wages 4			Social security tax withheld		
b Employer ID no. (EIN)							
	5 Medicare	5 Medicare wages and tips 6			Medicare tax withheld		
83-450976							
MARE LOG	address, and ZI	P code					
356 GETT	Y AVENU	E					
BUILDING 8 CLIFTON				NJ 07011			
d Control number				140	07011		
Employee's name.	addense and 7	ID and					
AYNUR OL		IP CODE			Suff.		
293 KNOX							
CLIFFSID	E PARK			NJ	07010		
7 Social security tips	8 A	located tips		9			
O Dependent care be	nefits 11 N	onqualified plans		12a Co	ode See inst. for box 12		
13	14 Other						
Statutory employee NJ-SD		I 68.48		12b Code			
nacio j enquijes	NJ-SU				ode		
Retirement Plan	NJ-WF						
					ode		
hird-party sick pay	NJ-FL		8.48				
NJ 834509	9760/00) 4	1891	3.83	1339.64		
1							
5 State Employer's s	tate ID number	16 State wa	iges, tips	s, etc.	17 State income tax		
8 Local wages, tips,	etc. 19 L	ocal income tax		20 Localit	ly name		
					-		
orm W-2 Wage and	Tax Statement				Dept. of the Treasury - IF		