Employee Reference Copy 1-2 Wage and Tax Statement Statement C for employee's records. Employer use only 486 CLIF/T1G 002230 BIG APPLE SIGN CORP 247 W 35TH ST SUITE 400 NEW YORK NY 10001 Batch #02327

a Employee's SSA number XXX - XX - 0060

4 Social security tax withheld

6 Medicare tax withheld

10 Dependent care benefits

12d | 13 Stat emp. Ret. plan 3rd party sick pa

18 Local wages, tips, etc.

20 Locality name

8 Allocated tips

454.68

339.81

79.47

5480.76

Employee's name, address, and ZIP code

5480.76

1.80 SDI 28.02 NY PFL

State Employer's state ID no. 16 State wages, tips, etc. Y 13-2973903 548

MOH KWATRA WITMER CT ANDIA NY 11749 Employer's FED ID number

Social security wages 5480.76

Medicare wages and tips

Social security tips

Nonqualified plans

State income tax

Local income tax

Other

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. Y	ur Gross Pa	y was adjusted as follows to	o produce	your W-2 Statement.
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	Compensation Box 1 of W-2	Wages Box 3 of W-2	Wages Box 5 of W-2	Tips, Etc. Box 16 of W-2
Gross Pay	5,480.76	5,480.76	5,480.76	5,480.76
Reported W-2 Wages	5,480.76	5,480.76	5,480.76	5,480.76

Wages Tips other Cosial Consider as a

2022 W-2 and EARNINGS SUMMARY

2. Employee Name and Address.

MIMOH KWATRA 5 WITMER CT ISLANDIA NY 11749

Fold and Detach Here

Wages, tips, other co 548	omp. 10.76	2 Federal	l income ta	x withheld 454.68
Social security wage 548	30.76	4 Social	security ta	x withheld 339.81
Medicare wages and 548	tips 30.76	6 Medica	re tax with	held 79.47
Control number 1486 CLIF/T1G	Dept. 002230	Corp.	Employe	or use only 76
BIG APPL 247 W 35 NEW YOR	E SIG	N COF	RP	

Employer's FED ID number 13-2973903	a Employee's SSA number XXX-XX-0060			
Social security tips	8 Allocated tips			
	10 Dependent care benefits			
Nonqualified plans	12a See instructions for box 12			
Other	12b			
1.80 SDI	12c			
28.02 NY PFL	12d			
	13 Stat emp. Ret. plan 3rd party sick pay			

WITMER CT SLANDIA NY 11749

16 State wages, tips, etc. 5480.76
18 Local wages, tips, etc.
20 Locality name

Federal Filing Copy 2 Wage and Tax Statement Statement

1 Wages, tips, other com 5480		2 Federa	l incom	e tax withheld 454.68
3 Social security wages 5480	.76	4 Social	securit	y tax withheld 339.81
5 Medicare wages and ti 5480		6 Medica	are tax v	vithheld 79.47
d Control number 001486 CLIF/T1G 00	Dept. 2230	Corp.	Empl	oyer use only
c Employer's name, addr	Control of the last	d 7IP cod		70
247 W 35TH NEW YORK	NY	10001		
13-2973903	nber	,	XXX-X	A number CX-0060
7 Social security tips		8 Allocat	ed tips	
9		10 Depend	lent car	e benefits
11 Nonqualified plans		12a		
14 Other	1	12b		
1.80 SDI	1	2c		
28.02 NY PFL	1	2d	DI W	and a Real Park
	1	3 Stat emp.	Ret plan	3rd party sick pay
e/l Employee's name, addr MIMOH KWATRA 5 WITMER CT ISLANDIA NY 117	749			
NY Employer's state 13-2973903	The state of the s			5480.76
17 State income tax 272.		8 Local w	ages, ti	ps, etc.

NY.State Reference Copy

Wage and Tax

Statement

	1 Wages, tips, other of	comp. 80.76	2 Fede	ral inco	me tax with	
1	3 Social security wag 548	es 30.76	4 Socia	l secur	ity tax with	
	5 Medicare wages and 548	tips 30.76	6 Medic	are tax	withheld 79	.47
	d Control number 001486 CL IF/T1G	Dept.	Corp.	The second	ployer use	
	c Employer's name, as		d ZIP cod	T		76
-	BIG APPL 247 W 35 NEW YOR	TH ST	SUITI		0	
	b Employer's FED ID n 13-2973903				SA number	
	7 Social security tips		8 Allocat		0000	
	9		10 Dependent care benefits			
	9	1	0 Depend	lent car	e benefits	
	11 Nonqualified plans		0 Depend	lent car	e benefits	
		1		lent car	e benefits	
	11 Nonqualified plans 14 Other 1.80 SDI	1 1 1	2a 2b 2c	lent car	e benefits	
	11 Nonqualified plans 14 Other	1 1 1 FL 1	2a 2b 2c 2d			
	11 Nonqualified plans 14 Other 1.80 SDI 28.02 NY P	1 1 1 FL 1	2a 2b 2c 2d 3 Stat emp	Ret. pla	n 3rd party sie	ck p
	11 Nonqualified plans 14 Other 1.80 SDI	fL 1	2a 2b 2c 2d 3 Stat emp	Ret. pla		ck p
	11 Nonqualified plans 14 Other 1.80 SDI 28.02 NY P e/I Employee's name, ad MIMOH KWATRA 5 WITMER CT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2a 2b 2c 2d 3 Stat emp	Ret. plai	n 3rd party sid	
	11 Nonqualified plans 14 Other 1.80 SDI 28.02 NY P e/I Employee's name, add MIMOH KWATRA 5 WITMER CT ISLANDIA NY 11	of ID no. 1	2a 2b 2c 2d 3 Stat emp	Ret. plai	n 3rd party sides of the party s	