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d Control Number		I 1 Whose No. of	1054		OMB No. 1545-0008		ther compensation 2	Federal income tax withheld
		1 Wages, tips, other compensal 1189		come tax withheld	d Control Number	1 Wages, tips, of	1189.50	
b Employer identification number (EIN) 15-0532082		3 Social security wages	4 Social seco	urity tax withheld	b Employer identification r	number (EIN) 3 Social security	wages 4	Social security tax withheld
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7 Social security tips		8 Allocated tips	9 22 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits		11 Nonqualified plans 12a 8		Start Start	10 Dependent care benefit	ts 11 Nonqualified p	plans 12	ta
12b		12c	12d	See instructions for box 12	12b	12c	12 8	2d See instructions for box 12
e Employee's name, additional SAMPRITI M S 20 RIVER CT, JERSEY CITY	ress and ZIP co	de 7			e Employee's name, address SAMPRITI M Si 20 RIVER CT, JERSEY CITY	sick pay ass and ZiP code HETH APT 807		-
	1	er's state LD. no. 532082	16 State wa	1189.50		State Employer's state I.D. no.		6 State wages, tips, etc. 1189.50
Wage and Tax State Copy C - For EMPLO RECORDS (See Not Employee on back of	OYEE'S tice to	17 State income tax	18 Local wages, t	ps, etc.	Wage and Tax Stater Copy B - To Be Filed Employee's FEDERA Return.	With	18 Loca	al wages, tips, etc.
This information is being turn internal Revenue Service. If y to file a tax return, a negligen other sandtion may be impos- income is taxable and you fail	you are required ice penalty or ed on you if this	19 Local income tax	Local income tax 20 Locality name		This information is being furnish Internal Revenue Service	19 Local income tax	20 Loca	Lifty name
Department of the Treasury - Internal Revenue Service	.	la la		1	Department of the Treasury – Internal Revenue Service			
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7 Social security tips		8 Allocated tips	9		7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits		11 Nonqualified plans	12a		10 Dependent care benefits	11 Nonqualified pla	ans 12a	1
126		12c	12d		12b	12c	12d	
8 13 Statutory employee Plan	sick pay	8 14 Other	8   	      	13 Statutory Plan  Employee's name, addres			
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		Rate Employer's state LD. no. 7   150532082		1189.50	₹W-2	State Employer's state I.D. no. Y 150532082	532082 1189.50	
Wage and Tax Stater Copy 2 - To Be Filed Employee's State, Cit Local Income Tax Re	With ty, or	7 State income tax	18 Local wages, by	rs, etc.	Wage and Tax Stater Copy 2 - To Be Filed \ Employee's State, Cit Local Income Tax Ret	Vith y, or	18 Loca	l weges, tips, etc.
	-	9 Local income tax	20 Locality name			19 Local income tax	20 Loca	ality name
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