| Copy B To Be Fil FEDERAL Tax Re | ed with Emp turn. | loyee's | 2023 OMB No. 1545-0 | 008 | Copy City, | 2 To Be Fi or Local Inc | | | oloyee's State urn. | , 20 2 | 23 B No. 1545-00 | 08 |
|---|--------------------------------------|-------------------------------|----------------------------------|----------------------------|--------------------------------|--|-------------------------------------|------------------------|------------------------|----------------------------------|----------------------------|---------------|
| a Employee's SSN | Wages, tips, oth | er comp. 77252.18 | Prederal income tax v | withheld 340.00 | a Emp | loyee's SSN | 1 Wages | | her comp. 77252.18 | 2 Federa | l income tax v 113 | ithheld 840.0 |
| 638-53-5922 | Social security v | | Social security tax w | | 638- | -53-5922 | 3 Social | security | wages | 4 Social | security tax wi | |
| b Employer ID no. (EIN) | 77252.18 5 Medicare wages and tips 6 | | 4789.64 Medicare tax withheld | | b Employer ID no. (EIN) | | 77252.18 5 Medicare wages and tips | | 4789.64 | | | |
| 45-2975594 | | 77252.18 | | 120.16 | 45- | 2975594 | 5 iviedica | | 77252.18 | • iviedica | | 20.1 |
| c Employer's name, add | ress, and ZIP cod | е | | | c Emp SP | loyer's name, ad INO INC | ldress, and | d ZIP cod | le | | | |
| 1100 CORNW | ALL RD, | SUITE# 22 | 1 | | 11 | 00 CORN | WALL | RD, | SUITE# 2 | 21 | | |
| MONMOUTH J | MONMOUTH JNCT NJ 08852 | | | | | MONMOUTH JNCT NJ 08852 | | | | | | |
| d Control number | | | | | d Cont | rol number | | | | | | |
| e Employee's name, add ANJALI SET 103 LOUISA MECHANICSB | LUR NAGE LN | | PA 17050 | Suff. | AN: 10 | loyee's name, ac JALI SE' 3 LOUISA CHANICSA | TLUR A LN | | | PA | 17050 | Suff. |
| 7 Social security tips | 8 Allocate | d tips | 9 | | 7 Socia | al security tips | 8 | 8 Allocate | ed tips | 9 | | |
| 10 Dependent care benefits 11 Nonqualified plans | | 12a Code See inst. for box 12 | | 10 Dependent care benefits | | efits 11 | 11 Nonqualified plans | | 12a Co | 12a Code See inst. for box 12 | | |
| 13 Statutory employee Retirement Plan Third-party sick pay | ement Plan PA-SUI 56.29 | | 12b Code 12c Code 12d Code | | | | 14 Othe PA-S | 4 Other A-SUI 56.29 | | 12b Code 12c Code 12d Code | | |
| PA 20133031 | | 77252 | | 371.68 | PA | 2013303 | | | | 2.18 | | 371.6 |
| 15 State Employer's sta 18 Local wages, tips, etc. | te ID number | 16 State wages, tips, | , etc. 17 State inco | ome tax | | Employer's stat | | | 16 State wages, tip | s, etc. | 17 State inco | me tax |
| Form W-2 Wage and Tax This information is being furnish | | | , | Treasury - IRS | Form W | 0 7 7 7 | | | ICOME LAX | | , | reasurv - I |

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

| penalty or other sanction ma | | | | | | | | | |
|--------------------------------|----------------------------|---------------|---------------------|--------------------------------|-------------------------|--|--|--|--|
| Copy C For EM | | _ | 2023 | | | | | | |
| (See Notice to E | | | OMB No. 1545-0008 | | | | | | |
| a Employee's SSN | 1 Wages, tips, other comp. | | | 2 Federal income tax withheld | | | | | |
| 620 52 5000 | 77252.18 | | | 11340.00 | | | | | |
| 638-53-5922 | 3 Soci | al security | - | 4 Social security tax withheld | | | | | |
| b Employer ID no. (EIN) | | | 77252.18 | 4789.64 | | | | | |
| 4- 0004 | 5 Med | icare wage | • | 6 Medica | 6 Medicare tax withheld | | | | |
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| c Employer's name, a SPINO INC | ddress, a | and ZIP cod | de | | | | | | |
| 1100 CORN | WALI | RD, | SUITE# 2 | 21 | | | | | |
| MONMOUTH | JNCT | | | NJ 08852 | | | | | |
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| e Employee's name, a | | | | | Suff. | | | | |
| 103 LOUIS | _ | _ | | | | | | | |
| MECHANICS | | | | PA | 17050 | | | | |
| 7 Social security tips | | 8 Allocate | ad tine | 9 | | | | | |
| 7 Oocial security tips | | • Allocati | su tips | ľ | | | | | |
| 10 Dependent care ben | 11 Nonqua | alified plans | 12a Co | 12a Code See inst. for box 12 | | | | | |
| 13 14 Other | | | | 12h C | 12b Code | | | | |
| | | ·SUI | 56.2 | | | | | | |
| | 111 | DOI | 30.2 | - | 12c Code | | | | |
| Retirement Plan | | | | | | | | | |
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| Third-party sick pay | | | ı | | ı | | | | |
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| I 15 State Employer's sta | te ID nu | mber | 16 State wages, tip | os. etc. | 17 State income tax | | | | |
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| Local wages, ups, e | | . J Local II | loome tax | LUCAIII, | y namo | | | | |
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| 7 Social security tips | | | 8 Allocate | ed tips | 9 | | | | |
| 10 Dependent care benefits | | | 11 Nonqua | alified plans | 12a Code See inst. for box 12 | | | | |
| 13 Statutory employee | | 14 Other PA-SUI 56.29 | | | 12b Code 12c Code | | | | |
| Retirement Plan | | | | | 12d Code | | | | |
| Third-part | ty sick pay | | | T | | T | | | |
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| 15 State Employer's state ID number | | | | 16 State wages, tip | os, etc. | 17 State income tax | | | |
| 18 Loca | al wages, tips, etc | D | 19 Local in | ncome tax | 20 Locality name | | | | |
| Form W | /-2 Wage and Ta | x Stater | ment | | | Dept. of the Treasury - IR | | | |
| FOIIII VV | r-z vvage and ra | x Stater | nent | | | Dept. of the Treasury - | | | |