

Form **W-2 Wage and Tax Statement** 2023

c Employer's name, address, and ZIP code
 INSURANCE SERVICES OFFICE, INC
 545 WASHINGTON BOULEVARD
 JERSEY CITY NJ 07310

e Employee's name, address, and ZIP code
 SIVA SHASHANK CHINTAPENTA
 30 NEWPORT PARKWAY
 2909
 JERSEY CITY NJ 07310

15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NJ	133131412000	132663.75	6896.77		78.79	FLI

Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. **Dept. of the Treasury - IRS**
 OMB No. 1545-0008 Visit the IRS Web Site at www.irs.gov/efile

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 may be imposed on you if this income is taxable and you fail to report it.

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Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return L87 OMB No. 1545-0008 5206 **Dept. of the Treasury - IRS**

7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax withheld
	130135.59	23192.99
8 Allocated tips	3 Social security wages	4 Social security tax withheld
	134246.84	8323.30
9	5 Medicare wages and tips	6 Medicare tax withheld
	134246.84	1946.58
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		C 53.82
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b
	Medical 1725.36	D 4111.25
b Employer identification number (EIN)	Vision 59.04	12c
13-3131412	Parking 540.00	V 1287.65
a Employee's social security no.		12d
357-79-4155		DD 7979.76

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