

a Employee's SSN 682-90-4494		b Employer identification number (EIN) 26-2334567			OMB No. 1545-0008	
c Employer's name, address, and ZIP code INNERCITY ELEVATOR CORP INNERCITY ELEVATOR CORP. 1101 E GUN HILL RD BRONX NY 10469-2417		1 Wgs, tips, other compn 116123.04	2 Fed inc tax withheld 12916.00	3 Social security wages 116123.04		
		4 SS tax withheld 7199.63	5 Medicare wages & tips 116123.04	6 Medicare tax withheld 1683.78		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a		
e Employee's name, address, and ZIP code LALIT GROVER 7 GRANNY APPLE CIRCLE RIDGE NY 11961		13 Statutory employee <input type="checkbox"/>		14 Other NY-SDI 31.20		12b
		Retirement plan <input type="checkbox"/>		NY-FLI 399.43		12c
		Third-party sick pay <input type="checkbox"/>				12d
15 State NY	Employer's state ID number 262334567 1	16 State wages, tips, etc 116123.04	17 State income tax 6005.04	18 Local wages, tips, etc 116123.04	19 Local income tax 4608.60	20 Locality name NYC Res

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

Copy B To Be Filed with Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

REV 12/19/23 QBDT

Department of the Treasury — IRS

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

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

REV 12/19/23 QBDT

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c Employer's name, address, and ZIP code INNERCITY ELEVATOR CORP INNERCITY ELEVATOR CORP. 1101 E GUN HILL RD BRONX NY 10469-2417		This information is being furnished to the IRS. 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.				
		1 Wgs, tips, other compn 116123.04	2 Fed inc tax withheld 12916.00	3 Social security wages 116123.04		
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Wage and Tax Statement
2023

Copy C For EMPLOYEE'S RECORDS.
(See Notice to Employee.)

REV 12/19/23 QBDT