

Copy B -- To Be Filed With Employee's FEDERAL Tax Return.		
a Employee's soc. sec. no XXX-XX-7434	1 Wages, tips, other comp. 107847.23	2 Federal income tax withheld 16046.61
b Employer ID number (EIN) 14-1395426	3 Social security wages 114863.40	4 Social security tax withheld 7121.53
	5 Medicare wages and tips 114863.40	6 Medicare tax withheld 1665.52
c Employer's name, address and ZIP code THE CENTER FOR DISCOVERY INC PO Box 840 Harris NY 12742		
d Control number WA-4396995284		
e Employee's name, address, and ZIP code Saiteja Ravuri 9 North Fordham Road Hicksville, NY 11801		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a C 48.10
13 Statutory employee <input type="checkbox"/>	14 Other NY-FLI 399.43	12b D 7016.17
13 Retirement plan <input checked="" type="checkbox"/>		12c DD 14678.54
13 Third-party sick pay <input type="checkbox"/>		12d
15 State Employer's state ID number NY 141395426 1	16 State wages, tips, etc. 107847.23	17 State income tax 5505.02
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2023** Dept. of the Treasury -- IRS
This information is being furnished to the Internal Revenue Service.

Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return.		
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Form W-2 Wage and Tax Statement **2023** Dept. of the Treasury -- IRS

Copy C -- For EMPLOYEE's RECORDS		
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Form W-2 Wage and Tax Statement **2023** Dept. of the Treasury -- IRS

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.

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