1 Wages, tips, other compensation	2 Federal Income tax withheld	1 Wages, tips, other compensation	2 Federal Income tax withheld
68563.99 3 Social security wages	10539.2 4 Social security tax withheld	4 68563.99	10539.2 4 Social security tax withheld
69468.61	4307.0	69468.61	4307.0
5 Medicare wages and tips 69468.61	6 Medicare tax withheld 1007.2	5 Medicare wages and tips 69468.61	6 Medicare tax withheld 1007.2
a Employee's SSA number	Employer use only	a Employee's SSA number	Employer use only
XXX-XX-0956 b Employer's FED ID number	d Control number	b Employer's FED ID number	d Control number
91-2051883 c Employer's name, address, and ZIP code	06450692	91-2051883 c Employer's name, address, and ZIP code	06450692
CWC Travel, Inc. 999 Lake Drive Issaquah WA 98027		CWC Travel, Inc. 999 Lake Drive Issaquah WA 98027	
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 5663.0	11 Nonqualified plans	12a See instructions for box 12 5663.0
13 Statutory Retirement Third-Party Employee plan Sick pay	DD 3003.0	13 Statutory Retirement Third-Party Employée plan Sick pay	DD 3003.0
14 Other	12c D 904.6	14 Other	120
	D 904.6	2	D 904.6
e Employee's first name and initial Last nam RAJEEV POOSA 908 CHAMBERLAIN ST IRVING TX 75060	L Suff.	e Employee's first name and initial Last nar RAJEEV POOSA 908 CHAMBERLAIN ST IRVING TX 75060	ne Suff.
f Employee's address and ZIP code 15 State Employer's state ID	18 Local wages, tips, etc	f Employee's address and ZIP code 15 State Employer's state ID	[18 Local wages, tips, etc
16 State wages, tips, etc.	19 Local income tax	16 State wages, tips, etc.	19 Local income tax
17 State income tax	20 Locality name	17 State income tax	20 Locality name
Form OMB. No. 1545-0008	,		Dept. of the Treasury - Internal Revenue
W-2 Wage and Tax Statement Copy C for Employee's records	Dept. of the Treasury - Internal Revenue Service. This information is being furnished 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.	W-2 Wage and Tax Statement Copy 2 To Be Filed With Employee's STATE Incom	
1 Wages, tips, other compensation 68563.99	2 Federal Income tax withheld 10539.2	1 Wages, tips, other compensation 68563.99	2 Federal Income tax withheld 10539.2
3 Social security wages 69468.61	4 Social security tax withheld	3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	4307.0 6 Medicare tax withheld	5 Medicare wages and tips	6 Medicare tax withheld
69468.61 a Employee's SSA number	Employer use only	9 69468.61 a Employee's SSA number	1007.2 Employer use only
XXX-XX-0956 b Employer's FED ID number	d Control number	XXX-XX-0956 b Employer's FED ID number	d Control number
91-2051883 c Employer's name, address, and ZIP code	06450692	91-2051883 c Employer's name, address, and ZIP code	06450692
CWC Travel, Inc. 999 Lake Drive Issaquah WA 98027		CWC Travel, Inc. 999 Lake Drive Issaquah WA 98027	
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 5663.0	11 Nonqualified plans	12a See instructions for box 12 5663.0
13 Statutory Retirement Third-Party Employee plan Sick pay	DD 5003.0	13 Statutory Retirement Third-Party	12b
14 Other	C 37.2	14 Other	C 37.2
14 Ould	12c D 904.6	2 14 Other	12c D 904.6
e Employee's first name and initial Last nan RAJEEV POOSA 908 CHAMBERLAIN ST IRVING TX 75060		e Employee's first name and initial Last nar RAJEEV POOSA 908 CHAMBERLAIN ST IRVING TX 75060	
f Employee's address and ZIP code	I19 Local wagon time at	f Employee's address and ZIP code	I 10 Local viagos tica etc
15 State Employer's state ID	18 Local wages, tips, etc	15 State Employer's state ID	18 Local wages, tips, etc
16 State wages, tips, etc. 17 State income tax	19 Local income tax 20 Locality name	16 State wages, tips, etc. 17 State income tax	19 Local income tax
			20 Locality name
W-2 Wage and Tax Statement Copy B To Be Filed With Employee's FEDERAL Tax		W-2 Statement Copy 2 To Be Filed With Employee's CITY or LOCA	