OMB No. 1545-0008 Form						
 Employee's social security number 	1 Wages, tips, other compensation		2 Federal income tax withheld			
		55161.60		7712.45		
664-96-7643	3 Socia	al security wages	4 So	ocial security tax withheld		
b Employer ID number (EIN)		13384.80				
47-4769626	5 Medi	care wages and tips 13384.80	6 M	edicare tax withheld		
c Employer's name, address,	and ZIP	code				
SALDERZ INC.						
193 25TH STREET TROY NY 12180						
d Control number	d Control number					
e Employee's name, address,	and ZIP	code				
FNU AZAM MEHDI 2425 21ST ST TROY NY 12180						
7 Social security tips 8 A		llocated tips	cated tips 9			
10 Dependent care benefits 11		Nonqualified plans	12 0 0 0 0 0 0	a See instructions for box 12		
12b 12c			12	d		
e e	e e		g			
13 Statutory employee	R	etirement plan		Third-party Sick pay		
14 Other NY PFL 250.99						
<u>NY 474769626</u>		55161.60_		2750.35		
15 State/Employer's state ID number		16 State wages, tips, etc	c.	17 State income tax		
18 Local wages, tips, etc.		19 Local income tax		20 Locality name		
Copy B - To Be Filed With Employee's FEDERAL Tax Return Dept. of the Treasury - IR:						

This information is being furnished to the Internal Revenue Service. DXA

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

	•	Wage and Tax		2023	
a Employee's social security		s, tips, other compensation	2 Federal income tax w		
number	55161.60		7712.4		
664-96-7643				Social security tax withheld	
b Employer ID number (EIN)		13384.80			
		care wages and tips 13384.80	6 Medicare tax withheld		
c Employer's name, address,	and ZIP	code			
SALDERZ INC.					
193 25TH STREET TROY NY 12180					
d Control number					
e Employee's name, address,	and ZIP	code			
TROY NY 12180 7 Social security tips	8 A	llocated tips	9		
10 Dependent care benefits		Nonqualified plans	12a See instructions f	or box 12	
12b	12c		12d		
13 Statutory employee	R	etirement plan	Third-party sick pay		
14 Other NY PFL	250	0.99			
<u>NY</u> 474769626 _		55161.60	2750.3	35	
15 State/Employer's state ID number		16 State wages, tips, et	c. 17 State income	tax	
18 Local wages, tips, etc.		19 Local income tax	20 Locality name		
Copy C - For EMPLOYEE'S RE	CORDS	(See Notice on back.)	Dept. of the Tre	asury - IR	

2023 OMB No. 1545-0008 Form W-2 Wage and Tax Statement

 Employee's social security number 	0		2 Federal income tax withheld			
	55161.60		7712.45			
		I security wages	4 Social security tax withheld			
b Employer ID number (EIN)		13384.80	6 Medicare tax withheld			
47-4769626		are wages and tips 13384.80				
c Employer's name, address,	and ZIP	code				
SALDERZ INC.						
193 25TH STREET TROY NY 12180						
d Control number						
e Employee's name, address,	and ZIP	code				
FNU AZAM MEHDI 2425 21ST ST TROY NY 12180 7 Social security tips 8 Allocated tips 9						
			•			
10Dependent care benefits11		Nonqualified plans	12a See instructions for box 12			
c ¹ 2b	12c		12d			
13 Statutory employee	R	etirement	Third-party Sick pay			
Identification Identification 14 Other NY PFL 250.99						
<u>NY</u> 474769626 _		55161.60	2750.35			
15 State/Employer's state ID number18 Local wages, tips, etc.		16 State wages, tips, et 19 Local income tax	c. 17 State income tax 20 Locality name			
Copy 2 - To be Filed With Em	oloyee's	State, City,	Dept. of the Treasury - IRS			

copy 2 - To be Filed With Em or Local Income Tax Return DXA loy

2023 OMB No. 1545-0008 Form W-2 Wage and Tax Statement

	0						
 Employee's social security number 	1 Wages, tips, other compensation	2 Federal income tax withheld					
	55161.60	7712.45					
664-96-7643	3 Social security wages	4 Social security tax withheld					
b Employer ID number (EIN)	13384.80						
	5 Medicare wages and tips	6 Medicare tax withheld					
47-4769626	13384.80						
c Employer's name, address,	and ZIP code						
SALDERZ INC	D.						
193 25TH STREET TROY NY 12180							
	80						
d Control number							
e Employee's name, address, and ZIP code							
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TROY NY 12180							
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7 Social security tips	8 Allocated tips	9					
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12					
105	12c	12d					
12b							
13 Statutory employee	Retirement plan	Third-party sick pay					
14 Other NY PFL	250.99	· ·					
NY 474769626	55161.60	2750.35					

16 State wages, tips, etc.

19 Local income tax

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15 State/Employer's state ID number

18 Local wages, tips, etc.

Dept. of the Treasury - IRS

17 State income tax

20 Locality name _ _