

Copy B-To Be Filed With Payee's FEDERAL Tax Return.				Tax Year 2023 OMB No. 1545-0008	
a. Payee's social security number XXX-XX-8901	1 Wages, tips, other compensation 5,285.33	2 Federal income tax withheld 517.81			
b. Payor ID number 92-2199280	3 Social security wages 5,285.33	4 Social security tax withheld 327.69			
d. Control number 5662	5 Medicare wages and tips 5,285.33	6 Medicare tax withheld 76.64			
7 Social security tips	8 Allocated tips				
c. Payor's name, address, and ZIP code DOJ PERM SETTLEMENT FUND PO BOX 4218 PORTLAND, OR 97208					
e. Payee's name, address, and ZIP code BHAVIN TRIVEDI 115 VAN BUREN RD APT 5 VOORHEES, NJ 8043					
10 Dependent care benefits	11 Nonqualified plans	See instructions for box 12			
13 Statutory payee <input type="checkbox"/>	14 Other SUI/SDI	12a			
Retirement plan <input type="checkbox"/>		12b			
Third-party sick pay <input type="checkbox"/>		12c			
		12d			
		12e			
		12f			
15 State/Payor's state ID NJ	16 State wages, tips, etc. 5,285.33	17 State income tax 185.32			
18 Local wages, tips, etc.	19 Local income tax	20 Locality name			

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

Tracking #: 41922T1

Copy 2-To Be Filed With Payee's State, City, or Local Income Tax Return.				Tax Year 2023 OMB No. 1545-0008	
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Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
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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