

<b>a</b> Employee's SSN 849-53-6628		<b>b</b> Employer identification number (EIN) 45-4268147			OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code NEW YORK CERTIFIED INTERIOR CORP. NEW YORK MAJOR CONSTRUCTION 17 MURRAY DRIVE  AIRMONT NY 10952		<b>1</b> Wgs, tips, other compn 50215.37	<b>2</b> Fed inc tax withheld 5802.00	<b>3</b> Social security wages		
		<b>4</b> SS tax withheld	<b>5</b> Medicare wages & tips	<b>6</b> Medicare tax withheld		
		<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>9</b>		
<b>d</b> Control number		<b>10</b> Depdnt care benefits	<b>11</b> Nonqualified plans	<b>12a</b>		
<b>e</b> Employee's name, address, and ZIP code Suff. NITIN ARUL PRAKASAM 5014 4TH AVE BROOKLYN NY 11220		<b>13</b> Statutory employee. <input type="checkbox"/>	<b>14</b> Other NY-SDI 25.20 NY-FLI 228.48		<b>12b</b>	
		Retirement plan . . <input type="checkbox"/>			<b>12c</b>	
		Third-party sick pay <input type="checkbox"/>			<b>12d</b>	
<b>15</b> State NY	Employer's state ID number 454268147	<b>16</b> State wages, tips, etc 50215.37	<b>17</b> State income tax 2255.51	<b>18</b> Local wages, tips, etc 50215.37	<b>19</b> Local income tax 1771.78	<b>20</b> Locality name NY - Ci

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 11/30/23 QBDT

Department of the Treasury — IRS

<b>a</b> Employee's SSN 849-53-6628		<b>b</b> Employer identification number (EIN) 45-4268147			OMB No. 1545-0008	
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<b>15</b> State NY	Employer's state ID No. 454268147	<b>16</b> State wages, tips, etc 50215.37	<b>17</b> State income tax 2255.51	<b>18</b> Local wages, tips, etc 50215.37	<b>19</b> Local income tax 1771.78	<b>20</b> Locality name NY - Ci

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

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

REV 11/30/23 QBDT

<b>a</b> Employee's SSN 849-53-6628		<b>b</b> Employer identification number (EIN) 45-4268147			OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code NEW YORK CERTIFIED INTERIOR CORP. NEW YORK MAJOR CONSTRUCTION 17 MURRAY DRIVE  AIRMONT NY 10952		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.				
		<b>1</b> Wgs, tips, other compn 50215.37	<b>2</b> Fed inc tax withheld 5802.00	<b>3</b> Social security wages		
		<b>4</b> SS tax withheld	<b>5</b> Medicare wages & tips	<b>6</b> Medicare tax withheld		
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Form **W-2**  
**Wage and Tax Statement**  
**2023**

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

REV 11/30/23 QBDT