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|--|---|---|-------------------------------|--|---------------------|--|--|
| Form W-2 Wage and Tax Statement 2023 | | 7 Social security tips | | 1 Wages, tips, other compensation 13,865.11 | | 2 Federal income tax withheld 795.18 | |
| c Employer's name, address, and ZIP code STATE OF NEW YORK 110 STATE STREET ALBANY NY 12207 | | 8 Allocated tips | | 3 Social security wages | | 4 Social security tax withheld | |
| | | | | 5 Medicare wages | | 6 Medicare tax withheld | |
| | | 10 Dependent care benefits | | 11 Nonqualified plans | | 12a See instructions for box 12 DD 2,897.88 | |
| e Employee's name, address, and ZIP code PRANAY NIRAPURE 157 SCHUBERT ST BINGHAMTON NY 13905 | | 13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | | 14 Other | | 12b | |
| | | b Employer identification number (EIN) 14 - 6013200 | | | | 12c | |
| | | a Employee's social security number XXX-XX-8321 | | | | 12d | |
| 15 State NY | Employer's state ID number 146013200 | 16 State wages 13,865.11 | 17 State income tax 473.40 | 18 Local wages | 19 Local income tax | 20 Locality name | |

Copy B-To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.
OMB No.1545-0008

Dept. of the Treasury - IRS
Visit the IRS website at www.irs.gov/efile.

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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Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

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

OMB No.1545-0008

Dept. of the Treasury - IRS