Form W-2 Wage and Tax Statement 2023

Copy C, for employee's records

| d Control number 0940-11074480 000000211 - PROJEC b Employer identification number (EIN) a Employee's social security number 11-3524063 XXX-XX-3527 13 Statutory employee Retrement plain Third-party sick pay | | Void | C Employer's name, address, and ZIP code CROSS ISLAND MECHANICAL CORP 41 BOX ST STE 300 BROOKLYN NY 11222 | | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | |
|--|-----------|-------------------------|--|--------------------------|----------------------------|---|---|--|--|
| | | Market Street | | | | 1 Wages, tips, other compensation 16193.90 | 2 Federal income tax withheld 1478.94 4 Social security tax withheld 214.62 | | |
| | | Third-party sick pay | | | | 3 Social security wages 3461.55 | | | |
| 12 See instructions for box 12 | 14 Other | | 20.7 | e, address, and ZIP code | | 5 Medicare wages and lips | 6 Medicare tax withheld | | |
| | NYSDI | 1.80 | | | | 3461.55 | 50.19 | | |
| | NYPFL | 15.75 | BHARGAVI S | | | 7 Social Security Tips | 8 Allocated Tips | | |
| in the architecture of the second sec | | 124 | APT T-701 JERSEY CITY NJ 07304 | | | 10 Dependent care benefits | 11 Nonqualified plans | | |
| | | - 10 | Control of the Contro | | | 2000,000,2000,000 | | | |
| 15 State Employer's state | ID number | 16 State wages, tips | , etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | |
| NY 113524063 | | - | 16193.90 | 157.41 | | | | | |

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty of other sanction may be imposed on you if this income is taxable and you fall to report it.

Form W-2 Wage and Tax Statement 2023

Copy B, to be filed with employee's FEDERAL tax return

| 0000000211 - PROJEC b Employer identification number (EIN) a Employee's social security number 11-3524063 XXX-XX-3527 | | Void | c Employer's name, address, and ZIP code CROSS ISLAND MECHANICAL CORP 41 BOX ST STE 300 BROOKLYN NY 11222 | | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | |
|---|------------------------------------|-------------|--|-------------------------|--|---|---------------------------------------|--|--|
| | | er | | | | 1 Wages, tips, other compensation 16193.90 | 2 Federal income tax withheld 1478.94 | | |
| 13 Statutory Ret | rement Third-part plan sick pay | 9 | 645 C 1 1 2 3 00 | | | 3 Social security wages 3461.55 | 4 Social security tax withheld 214.62 | | |
| 12 See instructions for box 12 | 14 Other NYSDI | 1.80 | | , address, and ZIP code | The state of the s | 5 Medicare wages and tips 3461.55 | 6 Medicare tax withheld 50.19 | | |
| | NYPFL | 15.75 | BHARGAVI S 56 BEACON | | | 7 Social Security Tips | 8 Allocated Tips | | |
| | | | APT T-701 JERSEY CIT | Y NJ 07304 | | 10 Dependent care benefits | .11 Nonqualified plans | | |
| | | | | 1000 | | | · Annothing | | |
| 15 State Employer's state ID number 16 State way | | wages, tips | tips, etc. 17 State income tax 18 Local wages, tips, etc. | | | 19 Local income tax | 20 Locality name | | |
| NY 113524063 | value of the second | | 16193.90 | 157.4 | | | | | |

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.

Form W-2 Wage and Tax Statement 2023

Copy 2, to be filed with employee's tax return for NY

| 1 Control number 0940-11074480 0000000211 - PROJEC | | Void | c Employer's name, address, and ZIP code | | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | |
|---|-------------------|------------------------|--|----------------------------|----------------------------|---|--------------------------|--|---------|
| b Employer Identification number (EIN) a Employee's social security number 11-3524063 XXX-XX-3527 | | | CROSS ISLAND MECHANICAL CORP 41 BOX ST STE 300 BROOKLYN NY 11222 | | | 1 Wages, tips, other compensation 16193.90 | | 2 Federal income tax withheld 1478.94 | |
| 13 Statutory Reti | rement Tr | hird-party sick pay | | Maria Maria | | 3 Social s | ecurity wages 3461.55 | 4 Social security tax withheld | 214.62 |
| 12 See instructions for box 12 | 14 Other NYSDI | 1.80 | e Employee's name | , address, and ZIP code | | 5 Medica | e wages and tips 3461.55 | 6 Medicare tax withheld | 50.19 |
| | NYPFL | 15.75 | BHARGAVI S 56 BEACON | | | 7 Social S | Security Tips | 8 Allocated Tips | VOTEN D |
| | 100 | | APT T-701 JERSEY CIT | Y NJ 07304 | | 10 Depen | dent care benefits | 11 Nonqualified plans | |
| | in the | | 10 00 | -Village- | | - | | lo average a series | |
| 15 State Employer's state ID NY 113524063 | number 1 | 6 State wages, tips | 16193.90 | 17 State income tax 157.41 | 18 Local wages, tips, etc. | | 19 Local income tax | 20 Locality name | |

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Form W-2 Wage and Tax Statement 2023

| Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | |
|---|--------------------------------|--|
| os, other compensation | 2 Federal income tax withheld | |
| curity wages | 4 Social security tax withheld | |
| wages and tips | 6 Medicare tax withheld | |
| curity Tips | 8 Allocated Tips | |
| nt care benefits | 11 Nonqualified plans | |
| Samuel Company of the | | |
| 19 Local income tax | 20 Locality name | |
| | | |