Holtzman	Sales	Team
Holtzman	Sales	Team

Form W-2 V	Vag	ge and T	ax	Statement
Copy C - For EMPLO		-		2023
This information is being furnished to the	IRS	If you are require	d	OMB No. 1545-0008 partment of Treasury -
to file a tax return, a negligence penalty o imposed on you if this income is taxable a Control				ernal Revenue Service
number UX218 A87	1	0042	2	
Employer's name, address, and ZIP code				
MITCHELL MARTI				
550 7TH AVENUE			FL	OOR
NEW YORK NY 10	00	18		
Employee's name, address, and ZIP code	,			
VIPIN BHATIA				
55 RIVER DR	s,	1907		
JERSEY CITY I	NJ	0731	.0	
181221.4	-			080.30
1 Wages, tips, other comp		2 Federal		ne tax withheld
160200.0	0	4 Social s	-	932.40
3 Social security wages	1	4 50ciai s		ity tax withheld
203721.4 5 Medicare wages and tips	-	6 Medica	_	987.45 x withheld
<ul> <li>7 Social security tips</li> </ul>	,	8 Allocate		
,,			p	-
9		10 Dependent care benefits		
11 Nonqualified plans		12a DD		7241.12
		12b D	2	2500.00
13 Statutory Retirement Third-part plan sick pay	У	12c	_	
		12d		
Employee's social security n $787 - 34 - 2754$	0.	14 NPF		423.71
Employer ID number (EIN)		NYS		31.20
13-3591013				
15 St. Employer's state ID number	16	State wages, tip	s etc	17 State income tax
NY 133591013		81221.		10591.03
NJ 133-591-013/000	1 -	93547.		0.00
18 Local wages, tips, etc.	-	Local income ta	-	20 Locality name
	1			

Wage and Tax Statement

16TH FLOOR

00422

Der

5053

OMB No. 1545-0008 Department of Treasury -Internal Revenue Service

24080.30

9932.40

2987.45

22500.00

423.71 31.20

0.00

20 Locality name

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

10 Dependent care benefits

12a DD 17241.12

16 State wages, tips, etc. 17 State income tax

181221.44 10591.03

8 Allocated tips

12b D

12c

12d

14

NPF

NYS

193547.76

19 Local income tax

Form W-2

Copy B — To Be Filed With

This information is being furnished to the IRS. Control number 0X218

ovee's name, address, and ZIP code VIPIN BHATIA

3 Social security wages

7 Social security tips

11 Nonqualified plans

Retirement plan

X

Employee's social security no.

787-34-2754

Employer ID number (EIN) 13-3591013 15 St. Employer's state ID number

NY 133591013

NJ 133-591-013/000

18 Local wages, tips, etc.

13 Statutory employee

9

5 Medicare wages and tips

Employer's name, address, and ZIP code

Employee's FEDERAL Tax Return.

MITCHELL MARTIN INC 550 7TH AVENUE, 16T NEW YORK NY 10018

55 RIVER DR S, 1907 JERSEY CITY NJ 07310

181221.44 Wages, tips, other comp.

160200.00

203721.44

Third-party sick pay

A871

	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages and Tips
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2
Gross Pay	\$216,047.76	\$216,047.76	\$216,047.76
Less: Non-Taxable Earnings	\$0.00	\$0.00	\$0.00
Less: Retirement Deductions	(\$22,500.00)	N/A	N/A
Less: Other Pre-tax Deductions	(\$12,326.32)	(\$12,326.32)	(\$12,326.32)
Less: Third Party Sick Pay	\$0.00	\$0.00	\$0.00
Less: Excess Wages	N/A	\$43,521.44**	N/A
Total Reported Wages	<b>\$181,221.44</b>	<b>\$160,200.00</b>	<b>\$203,721.44</b>
Tax Withheld	Fed Income	Social Security	Medicare
	Box 2 of W-2	Box 4 of W-2	Box 6 of W-2
	\$24,080.30	\$9,932.40	\$2,987.45

2023 W-2 and Earnings Summary

	NY State Wages, Tips, etc. Box 16 of W-2	NJ State Wages, Tips, etc. Box 16 of W-2
Gross Pay Less: Non-Taxable Earnings Less: Retirement Deductions Less: Other Pre-tax Deductions Less: Third Party Sick Pay Total Reported Wages	\$216,047.76 \$0.00 (\$22,500.00) (\$12,326.32) \$0.00 <b>\$181,221.44**</b>	\$216,047.76 \$0.00 (\$22,500.00) \$0.00 \$0.00 <b>\$193,547.76</b>
	NY State Income Tax Box 17 of W-2	NJ State Income Tax Box 17 of W-2
Tax Withheld	\$10,591.03	\$0.00

# VIPIN BHATIA 55 RIVER DR S, 1907 JERSEY CITY, NJ 07310

The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

\*\*\*\* Excess wages" are Social Security wages that exceed the contribution base of \$160,200.00. \*\*\*The New York Department of Taxation requires state wages in Box 16 to be the same as federal wages reported in Box 1.

Form W-2 W	lag	ge and	Tax	Statement
Copy 2 — To Be Filed V	Nith	1		2023
Employee's State, City, or			_	OMB No. 1545-0008
Income Tax Return.			Inte	partment of Treasury - ernal Revenue Service
Control 0X218 A87	1	004	22	
Employer's name, address, and ZIP code				
MITCHELL MARTI	ΓN	INC		
550 7TH AVENUE	Ξ,	16TH	I FL	OOR
NEW YORK NY 10	00	18		
Employee's name, address, and ZIP code				
VIPIN BHATIA				
55 RIVER DR S	S,	190	7	
		073	10	
181221.4	4		24	080.30
1 Wages, tips, other comp.		2 Feder		me tax withheld
160200.0	0		9	932.40
3 Social security wages	-	4 Socia		ity tax withheld
203721.4	4		2	987.45
5 Medicare wages and tips	6	6 Medi	care ta	x withheld
7 Social security tips		8 Alloc	ated tip	os
9		10 Depe	ndent	care benefits
11 Nonqualified plans		12a DI		7241.12
13 Statutory Retirement Third-part		12b D	- 2	2500.00
13 Statutory Retirement Third-party	У	12c	_	
		12d		
Employee's social security n 787-34-2754	0.	14 NPF		423.71
		NYS 31.20		
Employer ID number (EIN) 13-3591013				
	10			47
15 St. Employer's state ID number NY 133591013		State wages, 81221		17 State income tax 10591.03
NY 133591013 NJ 133-591-013/000		81221 93547		0.00
110	-			
18 Local wages, tips, etc.	19	Local income	e tax	20 Locality name

Form W-2	Vag	je and Ta	ax	Statement	]
Copy 2 - To Be Filed	With			2023	
Employee's State, City, or				OMB No. 1545-0008	
Income Tax Return.				partment of Treasury - ernal Revenue Service	
Control 0X218 A87	1	00422		anial Revenue Service	1
Employer's name, address, and ZIP code		00122			
Employer's name, address, and zir code					
MITCHELL MARTI 550 7TH AVENUE NEW YORK NY 10	Ξ,	16TH 1	FL	OOR	
NEW YORK NY 10	101	18			
Employee's name, address, and ZIP code VIPIN BHATIA	9				
55 RIVER DR S	S.	1907			
		0731	Λ		
UERDEI CIII I	INU	0/51	U		
181221.4	4		24	080.30	
1 Wages, tips, other comp		2 Federal in	ncor	ne tax withheld	
160200.0	0		Q	932.40	1
3 Social security wages		4 Social se		ity tax withheld	
203721.4	Λ			987.45	
5 Medicare wages and tips	- 1	6 Medicar	_	x withheld	
0 1	5				-
7 Social security tips		8 Allocate	d tip	DS	
9		10 Dependent care benefits			1
-		ie Bopona	0.110	oulo bononto	
11 Nongualified plana	-	12a DD   17241.12			1
11 Nonqualified plans			22500.00		
		12b D		2300.00	1
13 Statutory Retirement Third-part plan sick pay	y	12c			
X		12d			
Employee's social security n	10.	14			
787-34-2754		NPF		423.71	
Employer ID number (EIN)		NYS		31.20	
13-3591013					
	16			17	
15 St. Employer's state ID number		State wages, tips		17 State income tax	
NY 133591013		31221.4		10591.03	Γ
NJ 133-591-013/000	19	93547.7	6	0.00	
18 Local wages, tips, etc.	19	Local income tax		20 Locality name	

NTF 2585828

#### Notice to Employee

**Do you have to file?** Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2023 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2023 or if income is earned for services provided while you were an inmate at a penal institution. For 2023 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return. Employee's social security number (SSN). For your protection, this form may show only the last

your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA). Clergy and religious workers. If you aren't subject

to social security and Medicare taxes, see Pub. 517. **Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2023 and more than \$9,932.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,821.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

#### Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

**Box 6.** This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

**Box 8.** This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

(Instructions for Employee continued on back of Copy 2.)

## **Instructions for Employee** (*Continued from back of Copy B.*)

**Box 10.** This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

**Box 11.** This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$22,500 (\$15,500 if you only have SIMPLE plans; \$25,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$22,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to \$7,500 (\$3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

**Note:** If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

**A**—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions. **B**—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C-Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D-Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E-Elective deferrals under a section 403(b) salary reduction agreement

F-Elective deferrals under a section 408(k)(6) salary reduction SEP

G-Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H-Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

**J**-Nontaxable sick pay (information only, not included in box 1, 3, or 5)

**K**−20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

(Instructions for Employee continued on back of Copy C.)

# **Instructions for Employee** (*Continued from back of Copy 2.*)

### Box 12. (continued)

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

 N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.
 P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

 $\mathbf{Q}$ -Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.  $\mathbf{R}$ -Employer contributions to your Archer MSA. Report on Form 8853.

 $\begin{array}{l} \textbf{S}-\text{Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1) \\ \textbf{T}-\text{Adoption benefits (not included in box 1).} \\ \text{Complete Form 8839 to figure any taxable and nontaxable amounts.} \end{array}$ 

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements. W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y-Deferrals under a section 409A nonqualified deferred compensation plan

Z-Income under a nongualified deferred

compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA-Designated Roth contributions under a section 401(k) plan

**BB**-Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

**EE**—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement GG—Income from qualified equity grants under section 83(i) HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year **Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A. **Box 14.** Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

(See also Notice to Employee on back of Copy B.)