652-02-1104	1 Wages, tips, other compensation 12320.00		652-02-1104	12320.00		
OMB No. 1545-0008	3 Social security wages	4 Social security tax withheld	OMB No. 1545-0008	3 Social security wages	4 Social security tax withheld	
<b>b</b> Employer identification number 22-3635939	5 Medicare wages and tips	6 Medicare tax withheld	<b>b</b> Employer identification number 22-3635939		6 Medicare tax withheld	
c Employer's name, address, and	ZIP code	REISSUED STATEMENT	c Employer's name, address, and		REISSUED STATEMENT	
TOMAR CONSTRUC 18 Connerty Co			TOMAR CONSTRUC 18 Connerty Co			
East Brunswick NJ 08816			East Brunswick	7 Social security tips	08816 8 Allocated tips	
e Employee's first name and initial Jayanandan		Suff.	a control nambor	- Coolai scounty apo	7 modeled upo	
4103 N Oaks Bl	<del>-</del>	11.011	e Employee's first name and initia	•	Suff.	
North Brunswic		08902	Jayanandan 4103 N Oaks Bl		ran	
f Employee's address and ZIP cod d Control number 7		3 Allocated tips	North Brunswic f Employee's address and ZIP		08902	
9 1	Dependent care benefits	1 Nonqualified plans	13 Statutory employee	Retirement plan	Third-party sick pay	
12a :	14 Other	F2 26	9	10 Dependent care benefits	11 Nonqualified plans	
12b	NJ SUI	52.36 7.39	12a <u>:</u>	14 Other	<u> </u>	
12c	MO ETI	7.39	12b	NJ SUI	52.36	
12d			12c :	NJ FLI	7.39	
13 Statutory employee	Retirement plan	Third-party sick pay	12d			
15 State Employer's state ID nur	mber 16 State wages, tips,	etc. 17 State income tax	15 State Employer's state ID nu			
NJ   223/635/939	9/000 12320	.00 580.91	NJ   223/635/93	9/000 1232	0.00 580.91	
18 Local wages, tips, etc. 19 Loc	cal income tax 20 Locality na	ame	18 Local wages, tips, etc. 19 Lo	ocal income tax 20 Locality	y name	
Form \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ם בחם		Form \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	בכחב .		
Form W-2 Wage and Tax Statement	Copy B - To Be Filed With	partment of the Treasury-Internal Revenue Service  Employee's FEDERAL Tax Return.	Form W-2 Wage and Tax Statement	Copy 2 - To Be Filed With Employe	epartment of the Treasury-Internal Revenue Servic e's State, City, or Local Income Tax Return	
a Employee's SSN	1 Wages, tips, other compensation		a Employee's SSN	1 Wages, tips, other compensatio		
652-02-1104 OMB No. 1545-0008	12320.00  3 Social security wages	2418.06 4 Social security tax withheld	652-02-1104 OMB No. 1545-0008	12320.00  3 Social security wages	2418.06  4 Social security tax withheld	
<b>b</b> Employer identification number	5 Medicare wages and tips	6 Medicare tax withheld	<b>b</b> Employer identification number	r 5 Medicare wages and tips	6 Medicare tax withheld	
22-3635939 c Employer's name, address, and ZIP code REISSUED STATEMENT		22-3635939 c Employer's name, address, and	d ZIP code	REISSUED STATEMENT		
TOMAR CONSTRUC	TION LLC	REISSUED STATEMENT	TOMAR CONSTRUC 18 Connerty Co	TION LLC	REISSUED STATEMENT	
_						
East Brunswick		08816	East Brunswick		08816	
e Employee's first name and initial Jayanandan	Last name Jayachand	Suff. ran	e Employee's first name and initia Jayanandan			
4103 N Oaks Bl	vd		4103 N Oaks Bl	vd		
North Brunswic		08902	North Brunswic		08902	
		3 Allocated tips			8 Allocated tips	
9 1	Dependent care benefits	1 Nonqualified plans	9	10 Dependent care benefits	11 Nonqualified plans	
12a	14 Other	F2 2C	12a	14 Other	50.06	
12b	NJ SUI	52.36	12b	NJ SUI	52.36	
12c	NJ FLI	7.39	12c	NJ FLI	7.39	
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13 Statutory employee	Retirement plan	Third-party sick pay	13 Statutory employee	Retirement plan	Third-party sick pay	
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Form W_2 Wage and Tax Statement	 	EMPLOYEE'S RECORDS.	Form W-2 Wage and Tax Statement	2023	Northwest of the Transport	
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