Copy B To Be Filed FEDERAL Tax Retur	With Employee's	2017 <sup>OMB</sup> No.
a Employee's social	1 Wages, tips, other comp.	2 Federal income tax withheld
security number	85411.39	11134.48
082-19-5908	3 Social security wages	4 Social security tax withheld
b Employer ID number	85411.39	5295.51
22-2120360	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, addr	85411.39	1238.49
1525 Morris	ltants Corporation	1
Union, NJ 0		
d Control Number		
B4764 7132		
e Employee's name, addr	ess, and ZIP code	
KARUPPIAH VA	DIVEL	
89 LOFT DRIV	Æ	
MARTINSVILLE	E, NJ 08836	
7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefit	ts 11 Nonqualified plans	12a Code
		DD 6785.52
13 Statulory employee	14 Other STD 80.4	12b Code
Retirement plan	NJWD-ES 5.8	9
Hetirement plan	UI/WF/SWF 136.5	612c Code
3rd party sick pay		12d Code
ord party sick pay		12d Code
NJ 222-120-360/00	87830	.06 2407.10
FLI 222-120-360/00	0,030	33.56
15 State Emplr.'s state I.C.	. # 16 State wages, tips, etc	
18 Local wages, tips, etc.	19 Local income tax 20	Locality name
Local wages, tips, etc.	19 Local income tax 20	Locality name
Form W-2 Wage and Tax S		Dept. of the Treasury - IRS
Form W-2 Wage and Tax S	Statement	Dept. of the Treasury - IRS
Form W-2 Wage and Tax S This information is being fur	Statement nished to the Internal Revenue Set	Dept. of the Treasury - IRS
Form W-2 Wage and Tax S This information is being fur Copy 1 To Be Filed V	Statement nished to the Internal Revenue Ser	Dept. of the Treasury - IRS
Form W-2 Wage and Tax S This information is being fur Copy 1 To Be Filed V City, or Local Income	Statement nished to the Internal Revenue Set  Vith Employee's State, e Tax Return	Dept. of the Treasury - IRS vice 2017 OMB No. 1545-0008
Form W-2 Wage and Tax S This information is being fur Copy 1 To Be Filed V	Vith Employee's State, e Tax Return  1 Wages, tips, other comp.	Dept. of the Treasury - IRS vice  2017 OMB No. 1545-0008 2 Federal income tax withheld
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Dept. of the Treasury - IRS | Form W-2 Wage and Tax Statement

| 15 State Empir's state I.D. # | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name

3rd party sick pay

222-120-360/000

Form W-2 Wage and Tax Statement

FLI 222-120-360/000

py B To Be Filed W DERAL Tax Return		2017 <sup>OMB No.</sup>	Copy C For EMPLOYE Notice to Employee o		2017 <sup>OMB No.</sup>	
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9 LOFT DRIVE			89 LOFT DRIVE			
IARTINSVILLE,	NJ 08836		MARTINSVILLE,	NJ 08836		
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