

Form **W-2 Wage and Tax Statement 2018**

c Employer's name, address, and ZIP code INSURANCE SERVICES OFFICE, INC 545 WASHINGTON BOULEVARD JERSEY CITY NJ 07310		7 Social security tips	1 Wages, tips, other compensation 92520.23	2 Federal income tax withheld 7821.50
		8 Allocated tips	3 Social security wages 98215.97	4 Social security tax withheld 6089.39
		9 Verification code	5 Medicare wages and tips 98215.97	6 Medicare tax withheld 1424.13
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 53.46
e Employee's name, address, and ZIP code VENKAT RAMIREDDY 33 B WOODBRIDGE TERRACE WOODBRIIDGE NJ 07095		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> b Employer identification number (EIN) 13-3131412 a Employee's social security number 044-35-5593	14 Other MED 6238.56 VIS 230.64 TRAN 2243.27	12b D 5695.74 12c DD 22449.36 12d
15 State NJ	Employer's state ID number 133131412000	16 State wages, tips, etc. 101232.70	17 State income tax 2891.36	18 Local wages, tips, etc.
			19 Local income tax 30.33	20 Locality name FLI

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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