1 Wages, tips, other compensation	2 Federal Income tax withheld	1 Wages, tips, other compensation	2 Federal Income tax withheld
3 Social security wages	4 Social security tax withheld	3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips	6 Medicare tax withheld
a Employee's SSA number	Employer use only	a Employee's SSA number	Employer use only
732-78-6170		732-78-6170	Employer use only
b Employer's FED ID number 232084784	d Control number 10305868	b Employer's FED ID number 232084784	d Control number 10305868
c Employer's name, address, and ZIP code	0	c Employer's name, address, and ZIP code	0
Comcast (CC) of Willow One Comcast Center Philadelphia PA 19103-2		Comcast (CC) of Willow One Comcast Center Philadelphia PA 19103-2	
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	12a See instructions for box 12
13 Statutory Retirement Third-Party Employee plan Sick pay	12b	13 Statutory Retirement Third-Party Employée plan Sick pay	12b
14 Other	12c	14 Other	12c
	12d		12d
Prachi Rath 76 Andrews Way Piscataway NJ 08854	name Suff.	Prachi Rath 76 Andrews Way Piscataway NJ 08854	name Suff.
f Employee's address and ZIP code 15 State Employer's state ID	18 Local wages, tips, etc 134822.03	f Employee's address and ZIP code 15 State Employer's state ID	18 Local wages, tips, etc
16 State wages, tips, etc.	19 Local income tax 4655.88	16 State wages, tips, etc.	19 Local income tax 4655.88
17 State income tax	20 Locality name	17 State income tax	20 Locality name
Form OMB. No. 1545-0008 W-2 Wage and Tax 26	Philadelphia Dept. of the Treasury - Internal Revenue Sept. of This information is being furnished to	Form OMB. No. 1545-0008 Wage and Tax 20	Philadelphia Dept. of the Treasury - Internal Revenue
Statement Copy C for Employee's records	you fail to report it.	Statement Copy 2 To Be Filed With Employee's STATE In	come Tax Return
1 Wages, tips, other compensation	2 Federal Income tax withheld	1 Wages, tips, other compensation	2 Federal Income tax withheld
3 Social security wages	4 Social security tax withheld	3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips	6 Medicare tax withheld
a Employee's SSA number	Employer use only	a Employee's SSA number	Employer use only
732-78-6170 b Employer's FED ID number	d Control number	732-78-6170 b Employer's FED ID number	d Control number
232084784 c Employer's name, address, and ZIP code	10305868	232084784 c Employer's name, address, and ZIP code	10305868
Comcast (CC) of Willow One Comcast Center Philadelphia PA 19103-2		Comcast (CC) of Willow One Comcast Center Philadelphia PA 19103-2	
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	12a See instructions for box 12
13 Statutory Retirement Third-Party Employee plan Sick pay	12b	13 Statutory Retirement Third-Party Employee plan Sick pay	12b
14 Other	12c	14 Other	12c
	12d		12d
e Employee's first name and initial Last Prachi Rath 76 Andrews Way Piscataway NJ 08854	name Suff.	e Employee's first name and initial Last Prachi Rath 76 Andrews Way Piscataway NJ 08854	name Suff.
f Employee's address and ZIP code 15 State Employer's state ID	18 Local wages, tips, etc	f Employee's address and ZIP code 15 State Employer's state ID	18 Local wages, tips, etc
16 State wages, tips, etc.	134822.03 19 Local income tax	16 State wages, tips, etc.	134822.03 19 Local income tax
17 State income tax	4655.88 20 Locality name	17 State income tax	4655.88 20 Locality name
Form OMB. No. 1545-0008	Philadelphia Dept. of the Treasury - Internal Revenue	Form OMB. No. 1545-0008	Philadelphia
W-2 Wage and Tax 20 Copy B To Be Filed With Employee's FEDERAL)19 Service	W-2 Wage and Tax 20 Statement Copy 2 To Be Filed With Employee's CITY or L	