

VOID <input type="checkbox"/>		a Employee's social security number XXX-XX-0123		OMB No. 1545-0008 IXS		000001	
b Employer identification number (EIN) 90-0908008				1 Wages, tips, other compensation 13199.94		2 Federal income tax withheld 130.00	
c Employer's name, address, and ZIP code 534 W 42ND STREET CONDO ASSOCI 225 W 35TH ST 14TH FL NEW YORK, NY 10001				3 Social security wages 13199.94		4 Social security tax withheld 818.40	
				5 Medicare wages and tips 13199.94		6 Medicare tax withheld 191.40	
				7 Social security tips		8 Allocated tips	
d Control number 000001 R6/IXS				9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. ARTUR UJKA 6022 GROVE ST 1F RIDGEWOOD, NY 11385				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other 35.62 NY PFL 31.20 VPMI		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state ID number NY 90-0908008		16 State wages, tips, etc. 13199.94		17 State income tax 210.08		18 Local wages, tips, etc. 13199.94	
						19 Local income tax 157.82	
						20 Locality name NYC RES	

Form **W-2** Wage and Tax Statement
Copy D—For Employer

2020


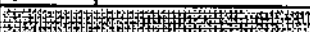
Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

VOID <input checked="" type="checkbox"/>		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN)				1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
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				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

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15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement
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2020

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TOTALS

For: Batch No. 2020/4/90223
For: Company R6/ IXS
Dept MS

1 TOTAL EMPLOYEES
35.62 NY PFL (Box 14)
31.20 VPD (Box 14)
13,199.94 State Wages (Box 16)
210.08 State Income Tax (Box 17)
13,199.94 Local Wages (Box 18)
157.82 Local Income Tax (Box 19)