## OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

OCTOBER NOVEMBER DECEMBER

4

## **WAGE DETAIL**

1. Employer Account Number2. Federal Employer Identification Number3. Quarter4. Year146422200320-598763542021

5. Employer Name

OMAR MARATHON LLC

6. Total Number of Wage Detail Pages 7. Total Number of Employees From All Pages 8. Total Wages From All Pages

4

1 5 21600.00

9. Total Number of Covered Workers

5

## 10. MARK THE APPROPRIATE BOX: (IF APPLICABLE)

Place an X here if you had no workers and paid no wages this quarter or file by telephone by calling toll free 1-866-448-2829.

Place an X here if you've paid and reported taxable wages to another state.

11. Employee's Social Security Number	12. Employee's Last Name	First Initial	Middle Initial	13. Total Wages Paid This Quarter	14. Total Quarter Out Of State Wages	15. Weeks
278 76 0235	SHTEIWI	N		6300.00		13
282 08 1103	ZAYED	Y	R	1800.00		12
286 08 8465	MAGTHEH	R		900.00		06
404 51 5907	ZAYED	R		7000.00		13
439 33 5514	WILSON	Т	С	5600.00		13

16. Total Number of Employees
This Page Only

5 17. Total Wages This Page Only

21600.00

Certification: I certify that the information contained in this report is true and correct.

Agency Use Only

1 of

1

Postmark Date 01-31-22

18. Page

REFERENCE COPY PREPARED BY PAYCHEX. DO NOT FILE.

\*\* DO NOT FILE ON PAPER. Information must be filed electronically at: <a href="https://thesource.jfs.ohio.gov/employer.html">https://thesource.jfs.ohio.gov/employer.html</a> \*\*