

[REDACTED] W-2 Statements [REDACTED]

a Control number 0017 66/18E	Void <input type="checkbox"/>	OMB No. 1545-0008 18E		0017		
b Employer identification number (EIN) [REDACTED]		1 Wages, tips, other compensation 7890.65		2 Federal income tax withheld 714.35		
c Employer's name, address, and ZIP code JEFFREY E. EPSTEIN 358 EL BRILLO WAY PALM BEACH, FL 33480		3 Social security wages 7890.65		4 Social security tax withheld 489.22		
		5 Medicare wages and tips 7890.65		6 Medicare tax withheld 114.41		
		7 Social security tips		8 Allocated tips		
		9 Advance EIC payment		10 Dependent care benefits		
st name [REDACTED] MIAMI BEACH, FL 33139		Suff.	11 Nonqualified plans	12a See instructions for box 12 C 6.00		
			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b		
			14 Other	12c		
				12d		
f Employee's address and ZIP code	15 State Employer's state ID number FL	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

W-2 Wage and Tax Statement
For Employer.

2006

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EFTA00006067

a Control number 0017 66/18E	Void <input type="checkbox"/>	OMB No. 1545-0008 18E	0017		
b Employer identification number (EIN) [REDACTED]	1 Wages, tips, other compensation 38536.47				
c Employer's name, address, and ZIP code JEFFREY E. EPSTEIN 358 EL BRILLO WAY PALM BEACH, FL 33480	2 Federal income tax withheld 3463.23				
	3 Social security wages 38536.47				
	4 Social security tax withheld 2389.26				
	5 Medicare wages and tips 38536.47				
	6 Medicare tax withheld 558.78				
	7 Social security tips				
	8 Allocated tips				
	9 Advance EIC payment				
	10 Dependent care benefits				
	11 Nonqualified plans				
	12a See instructions for box 12 C 28.62				
MIAMI BEACH, FL 33139	13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>		
	14 Other				
	12b				
	12c				
	12d				
f Employee's address and ZIP code					
15 State Employer's state ID number FL	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

2005

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a Control number	Void <input type="checkbox"/>	OMB No. 1545-0008			
b Employer identification number (EIN)	1 Wages, tips, other compensation				
c Employer's name, address, and ZIP code	2 Federal income tax withheld				
	3 Social security wages				
	4 Social security tax withheld				
	5 Medicare wages and tips				
	6 Medicare tax withheld				
	7 Social security tips				
d Employee's social security number	8 Allocated tips				
e Employee's first name and initial	Last name	9 Advance EIC payment			
		10 Dependent care benefits			
		11 Nonqualified plans			
		12a See instructions for box 12			
		13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	
		12b			
		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

W-2 Wage and Tax Statement
For Employer.

2005

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EFTA00006068