2024 W-2 and EARNINGS SUMMARY



Employee	Refe	erence	Сору
WW = J	U	nd Tax	2024
Copy C for employee's record	Stateme	nτ	OMB No. 1545-0008
d Control number	Dept.	Corp.	Employer use only
061977 LOS2/IE6			Т
c Employer's name, a	ddress, a	nd ZIP cod	le 281494AAAA

INSIGHT DIRECT USA INC 2701 E INSIGHT WAY **CHANDLER AZ 85286**

Batch #03595

e/f Employee's name, address, and ZIP code

MD S ZAMAN 8905 202ND STREET HOLLIS NY 11423

b	Emplo		D ID number 48996	а	Empl		ee's SS			
1	Wage	s, tips, c	ther comp.	2	Fede	ral	income	tax w	ithheld	
			56066.00		8051.61					
3	Socia	l securit	y wages	4	Socia	al s	security	tax wi	thheld	
			57800.00					358	33.60	
5 Medicare wages and tips			6	Medi	cai	re tax w	ithhelo	i		
	57800.00							83	38.10	
7	Socia	Security	/ tips	8	Alloc	ate	ed tips			
9				10	Deper	nde	ent care	benef	its	
11	Nonqu	ualified p	lans	12	a See in D	str	uctions fo	r box 1 1734		
14	Other			12						
	Otilioi		2.00 SDI	12	-	<u> </u>				
		2	5.57 NY PFL	12		<u> </u>		la .		
				13	Stat er	mp.	Ret. plan	3rd pai	ty sick pay	
			er's state ID no	16	State	W	ages, tip			
1	NΥ	36-394	18996					5600	66.00	
17 State income tax			18	18 Local wages, tips, etc.						
3187.78				\perp				5600	66.00	
19	19 Local income tax 2177.38			20	20 Locality name NYC RES					

1	Wages, tips, other of 560	omp. 66.00	2 Federal income tax withheld 8051.61			
3	Social security wag 578	es 00.00	4 Social security tax withhe 3583.6			
5	Medicare wages and 578	d tips 00.00	6 Medicare tax withheld 838.10			
d	Control number	Dept.	Corp.	Employer use only		
06	1977 LOS2/IE6			Т		
-				004404444		

Employer's name, address, and ZIP code 281494AAAA

INSIGHT DIRECT USA INC 2701 E INSIGHT WAY CHANDLER AZ 85286

b	Employer's FED ID number 36-3948996	a Employee's SSA number XXX-XX-1258								
7	Social security tips	8 Allocated tips								
9		10 Dependent care benefits								
11	Nonqualified plans	12a See i D	nstructio	ns for box 12 1734.00						
14	Other	12b								
	12.00 SDI	12c								
	215.57 NY PFL	12d								
		13 Stat em	p. Ret. plan	3rd party sick pay						
e/f	e/f Employee's name, address and ZIP code									

MD S ZAMAN 8905 202ND STREET **HOLLIS NY 11423**

15 State Employer's state ID no. 36-3948996		16 State wages, tips, etc. 56066.00					
17 State income tax 3187.78			18 Local wages, tips, etc. 56066.00				
	3101.10	'					
19 Local income tax 2177.38			20 Lo	cality name NYC	RES		
	Federal	Filir	ng	Сору			

Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Retur

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY. State Wages Tips, Etc. Box 16 of W-2	s, NYC RES Local Wages, Tips, Etc. Box 18 of W-2
Gross Pay	57,800.00	57,800.00	57,800.00	57,800.00	57,800.00
Less 401(k) (D-Box 12) Reported W-2 Wages	1,734.00 56,066.00	N/A 57,800.00	N/A 57,800.00	1,734.00 56,066.00	1,734.00 56,066.00

2. Employee Name and Address.

MD S ZAMAN 8905 202ND STREET HOLLIS NY 11423

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1 Wages, tips, other comp. 56066.00			2 Federal income tax withheld 8051.61			
3 Social security wages 57800.00			4 Social security tax withheld 3583.60			
5 Medicare wages and tips 57800.00			6 Medicare tax withheld 838.10			
d	Control number	Dept.	Corp.	Employer use only		
061977 LOS2/IE6			Т			
S Employer's name address and ZIR and 281494 A A A						

INSIGHT DIRECT USA INC 2701 E INSIGHT WAY CHANDLER AZ 85286

b	Employer's FED ID number 36-3948996	a Employee's SSA number XXX-XX-1258					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a D 1734.00					
14	Other	12b					
	12.00 SDI	12c					
	215.57 NY PFL	12d					
		13 Stat emp. Ret. plan 3rd party sick pay					

e/f Employee's name, address and ZIP code

MD S ZAMAN 8905 202ND STREET **HOLLIS NY 11423**

15 State Employer's state ID no NY 36-3948996	. 16 State wages, tips, etc. 56066.00				
17 State income tax	18 Local wages, tips, etc.				
3187.78	56066.00				
19 Local income tax	20 Locality name				
2177.38	NYC RES				
NY.State Fil	ing Copy				

Wage and Tax Statement

1	Wages, tips, other comp. 56066.00			2 Federal income tax withheld 8051.61				
3	Social security wages 57800.00			4 Social security tax withheld 3583.60				
5	Medicare wages and tips 57800.00			6 Medicare tax withheld 838.10				
d	Control number	Dept.		Corp.	Employer use only			
06	1977 LOS2/IE6				T			

c Employer's name, address, and ZIP code 281494AAAA INSIGHT DIRECT USA INC 2701 E INSIGHT WAY CHANDLER AZ 85286

Employer's FED ID number 36-3948996 a Employee's SSA number XXX-XX-1258 Social security tips Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a D 1734.00 12b 14 Other 12c 12.00 SDI 215.57 NY PFL 12d 13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code

MD S ZAMAN 8905 202ND STREET **HOLLIS NY 11423**

1								
15 State NY	Emplo 36-39	yer's 4899	state ID no). 16	State	wages, tip	s, etc. 56066.00	
17 State income tax			18	18 Local wages, tips, etc.				
3187.78						56066.00		
19 Loca	l incom	e tax		20	Loca	lity name		
		2	177.38			NYC F	RES	
	City	٥r	Local	Fili	ina	Conv		

Wage and Tax

Statement Copy 2 to be filed with employee's City or Local

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Medicare tax on any or those Medicare wages and tips adove \$200,000.

Box 8. This amount is not included in box 1, 3, 5, or 7. For information no how to report tips on your tax return, see the Form 1040 instructions. You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$23,000 (\$16,000 if you only have SIMPLE plans; \$26,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under

code G are limited to \$23,000. Deferrals under code H are limited to \$7,000. However, if you were at least age 50 in 2024, your employer may have allowed an additional deferral of up to \$7,500 (\$3,500 for section 401(k) (11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

 ${\bf C-}$ Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement **F**—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J- Nontaxable sick pay (information only, not included in box 1, 3, or 5) K- 20% excise tax on excess golden parachute payments. See the Form

1040 instructions. L - Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N- Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q — Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

 $\mbox{\bf S--}\mbox{Employee}$ salary reduction contributions under a section 408(p) SIMPLE plan

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y-Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA — Designated Roth contributions under a section 401(k) plan

BB — Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

EE— Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG-Income from qualified equity grants under section 83(i)

 $\mathbf{HH}-\mathbf{Aggregate}$ deferrals under section 83(i) elections as of the close of the calendar year

II — Medicaid waiver payments excluded from gross income under Notice 2014-7.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

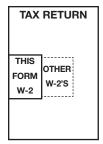
Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



Future developments. For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to www.irs.gov/FormW2.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income tax credit (EITC). You may be able to take the EITC for 2024 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EITC if your investment income is more than the specified amount for 2024 or if income is earned for services provided while you were an inmate at a penal institution. For 2024 income limits and more information, visit www.irs. gov/EITC. See also Pub. 596. Any EITC that is more than your tax liability is refunded to you, but only if you file a tax return.

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Department of the Treasury - Internal Revenue Service

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2024 and more than \$10,453.20 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$6,129.90 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Department of the Treasury - Internal Revenue Service