Copy B To Be File FEDERAL Tax Ret		mployee's	<b>2021</b> OMB No. 1545-0008
a Employee's social	1 Wage	s, tips, other comp.	2 Federal income tax withheld
security number		20321.32	1.36
731-03-6802	3 Socia	security wages	4 Social security tax withheld
<b>b</b> Employer ID number	1	20321.32	1259.92
47-4266844	5 Medic	are wages and tips	6 Medicare tax withheld
		20321.32	294.66
c Employer's name, ad	dress, and	ZIP code	
Marks Home	care	Agency Inc	
4004 Junct	ion E	Slvd Suite 10	00
Corona, NY	1136	8	
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BROOKLYN,			
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f Employee's address, 7 Social security tips		Allocated tips	9
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10 Dependent care bene	efits 11 I	Nonqualified plans	12a Code
13 Statutory employee 1			12b Code
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Retirement plan	NISDI	31.2	12c Code
3rd party sick pay			12d Code
Sid party sick pay			12d Code
NY 47426684	4	20321	.32 264.82
15 State Emplr.'s state	I.D. #	16 State wages, tips, etc	. 17 State income tax
18 Local wages, tips, etc	c. 19 l	ocal income tax	20 Locality name
20321	.32	217.2	New York, NY
Form W-2 Wage and Ta	x Stateme	nt	Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service

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Copy 2 To Be Filed City, or Local Incor			2021 OMB No. 1545-0008
a Employee's social	1 Wages	s, tips, other comp.	2 Federal income tax withheld
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BROOKLYN, I	NY II	209	
f Employee's address, a	and ZIP co	de	
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13 Statutory employee 14	I Other YPFL	103.84	12b Code
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Retirement plan		31.20	12c Code
3rd party sick pay			12d Code
NY 474266844	<u>l</u>	20321.	32 264.82
15 State Emplr.'s state I.		16 State wages, tips, etc.	
18 Local wages, tips, etc.		ocal income tax	20 Locality name
20321.	32	217.2	7 New York, NY

City, or	Local Inc	ome T	ax R		•		_	OMB No. 1545-0008
a Employe security		1 V	Vages	s, tips, other co 203	mp. 21.32	2 Fe	deral incom	e tax withheld 1.36
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18 Local wa	iges, tips, e	etc.	19 L	ocal income ta	х	20	Locality na	
	2032	1.32			217.2	7 N	ew York	, NY

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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	ployee's social	1 V	/ages, tips, oth		2 Fee	leral income	tax withhel
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47	-426684	4 5 N		are wages and tips 20321.32 6 Medicare tax v			thheld 294.66
c Em	ployer's name, a	ddress,	and ZIP code	1			
Ма	rks Hom	ecar	e Agend	cy Inc			
				Suite 10	0		
	rona, N	Y 11	.368				
<b>d</b> Cor	ntrol Number						
39	89 107	45					
e Emp	ployee's first nar	ne and	nitial Last	name			
НΟ	ssam El	nado	ar				
	3 Oving						
BR	OOKLYN,	NY	11209				
	ployee's address						
<b>7</b> Soc					_		
	cial security tips		8 Allocated to	ips	9		
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	pendent care bei	nefits 14 Othe NYPF	11 Nonqualifie er L	ed plans	12a		
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13 Stat	pendent care bei	nefits 14 Othe NYPF	11 Nonqualifie er L	ed plans	12a	Code	
13 Stat Reti	tutory employee	14 Oth NYPF NYSD	11 Nonqualifie er L	ed plans	12a	Code	264.83
Reti	pendent care ber tutory employee irrement plan party sick pay	14 Other NYPF NYSD	11 Nonqualifie	103.84 31.20	12a 12b 12c 12c	Code: Code	
13 State  Reti  3rd  NY  15 State	pendent care ber tutory employee irement plan party sick pay 47426684	14 Oth NYPF NYSD	11 Nonqualifie	20321. wages, tips, etc.	12a 12b 12c 12c	Code Code Code	ome tax
13 State  Reti  3rd  NY  15 State	pendent care ber tutory employee irrement plan party sick pay	14 Oth NYPF NYSD	11 Nonqualifie	20321. wages, tips, etc. ne tax	12a 12b 12c 12c	Code: Code	ne

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.