Copy B-To Be Filed W	ith Employee's FEDERAL	Tax Year <b>2020</b>	Copy 2-To Be Filed With Employee's State, City, Tax Year 2020		
Tax Return.         OMB No. 1545-0008			or Local Income Tax Return. OMB No. 1545-000		OMB No. 1545-0008
a. Employee's social security number 040-08-8714	1 Wages, tips, other comp. \$204.00	2 Federal income tax withheld	a. Employee's social security number 040-08-8714	1 Wages, tips, other comp. \$204.00	2 Federal income tax withheld
b. Employer ID number 04-3376059	3 Social security wages \$204.00	4 Social security tax withheld \$12.65	b. Employer ID number 04-3376059	3 Social security wages \$204.00	4 Social security tax withheld \$12.65
d. Control number S0106086642	5 Medicare wages and tips \$204.00	6 Medicare tax withheld \$2.96	d. Control number S0106086642	5 Medicare wages and tips \$204.00	6 Medicare tax withheld \$2.96
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9
c. EMPLOYER'S name, address, and ZIP code			c. EMPLOYER'S name, address, and ZIP code		
FIRST UNUM THIRD PARTY PLANS 2211 CONGRESS STR PORTLAND, ME 04122 800-845-2290  e. EMPLOYEE'S name, addres IMRAN TAYYAB 2341 92ND ST EAST ELMHURST, NY	es, and ZIP code		FIRST UNUM THIRD PARTY PLANS 2211 CONGRESS STF PORTLAND, ME 04122 800-845-2290 e. EMPLOYEE'S name, addres IMRAN TAYYAB 2341 92ND ST EAST ELMHURST, NY	2 ss, and ZIP code	
10 Dependent care benefits	11 Nonqualified plans	See instructions for box 12	10 Dependent care benefits	11 Nonqualified plans	
		12a J \$136.00	WITH A REAL PROPERTY OF THE PR		12a J \$136.00
Retirement plan Third-party sick pay	14 Other	12b 12c 12d 12e	Retirement plan Third-party sick pay	14 Other	12b 12c 12d 12e
15 State/Employer's state ID NY/00043376059	16 State wages, tips, etc. \$204.00	17 State income tax \$0.00	15 State/Employer's state ID NY/00043376059	16 State wages, tips, etc. \$204.00	17 State income tax \$0.00
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
to Employee on the ba a. Employee's social security	1 Wages, tips, other comp.	Tax Year <b>2020</b> OMB No. 1545-0008 2 Federal income tax withheld	Copy 2-To Be Filed W or Local Income Tax I a. Employee's social security	fith Employee's State, City Return. 1 Wages, tips, other comp.	, Tax Year 2020 OMB No. 1545-0008 2 Federal income tax withheld
number 040-08-8714	\$204.00	48-1-1	number 040-08-8714	\$204.00	Last assessment to the second
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7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	\$2.96
c. EMPLOYER'S name, address, and ZIP code FIRST UNUM THIRD PARTY PLANS 2211 CONGRESS STREET PORTLAND, ME 04122 800-845-2290 e. EMPLOYEE'S name, address, and ZIP code IMRAN TAYYAB 2341 92ND ST EAST ELMHURST, NY 113691118			c. EMPLOYER'S name, address, and ZIP code FIRST UNUM THIRD PARTY PLANS 2211 CONGRESS STREET PORTLAND, ME 04122 800-845-2290  e. EMPLOYEE'S name, address, and ZIP code IMRAN TAYYAB 2341 92ND ST EAST ELMHURST, NY 113691118		
10 Dependent care benefits  13 Statutory employee	11 Nonqualified plans	See instructions for box 12  12a	10 Dependent care benefits  13 Statutory employee	11 Nonqualified plans 14 Other	- 12a J \$136.00 12b
Retirement plan Third-party sick pay		12d 12e	Retirement plan Third-party sick pay		12d 12e
15 State/Employer's state ID NY/00043376059	16 State wages, tips, etc. \$204.00	17 State income tax \$0.00	15 State/Employer's state ID NY/00043376059	16 State wages, tips, etc. \$204.00	17 State income tax \$0.00
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service