

Copy B-To Be Filed With Employee's FEDERAL Tax Return.		Tax Year 2020 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
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
7 Social security tips	8 Allocated tips	9
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	11 Nonqualified plans	See instructions for box 12
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input checked="" type="checkbox"/>	14 Other	12a J \$136.00 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
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
This information is being furnished to the Internal Revenue Service.

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.		Tax Year 2020 OMB No. 1545-0008
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