

FORM W-2 Wage and Tax Statement

Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

Dept. of the Treasury • Internal Revenue Service

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.

These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

The white copies of the W-2 forms are for your tax returns, the blue copy is for your records. General instructions, including an explanation of the letter codes in box 12, are on the other side of the page.

To the right is an explanation of the contents of the wage boxes on your W-2. Please note that the Gross amount shown may include adjustments.

	Federal Box 1	Soc. Sec. Box 3 and 7	Medicare Box 5
Gross Wages	107252.58	107252.58	107252.58
Benefits			
Group Term Life	452.64	452.64	452.64
Adoption			
Deferred Comp			
Section 125	(7509.36)	(7509.36)	(7509.36)
Other Pretax/Wage Limit			
W-2 Wages	100135.86	100135.86	100135.86

D. CONTROL NUMBER 000036361501		This information is being furnished to the Internal Revenue Service		2016	OMB NO. 1545 - 0008	1. WAGES, TIPS, OTHER, COMPENSATION 100135.86		2. FEDERAL INCOME TAX WITHHELD 13553.57	
B. EMPLOYER IDENTIFICATION NUMBER 13-4034220			A. EMPLOYEE'S SOCIAL SECURITY NUMBER 120-60-2151			3. SOCIAL SECURITY WAGES 100135.86		4. SOCIAL SECURITY TAX WITHHELD 6208.42	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Adrenaline LLC 200 Hudson St New York NY 10013						5. MEDICARE WAGES AND TIPS 100135.86		6. MEDICARE TAX WITHHELD 1451.97	
E. EMPLOYEE'S FIRST NAME AND INITIAL Albert						LAST NAME Esteves		SUFF.	
F. EMPLOYEE'S ADDRESS AND ZIP CODE 300 Pelham Rd Apt 3R New Rochelle NY 10805						7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS	
13. <input type="checkbox"/> Statutory Employee <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-Party Sick Pay						9.		10. DEPENDENT CARE BENEFITS	
11. NONQUALIFIED PLANS						12. a-d W 2599.98 DD 17794.44			
14. OTHER									
15. STATE NY	EMPLOYER'S STATE I.D. NO. 134034220	16. STATE WAGES, TIPS, ETC. 100135.86	17. STATE INCOME TAX 99.60	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME			

FOLD AND TEAR ALONG PERFORATION

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