DO NOT CUT FOLD OF STARLA

		<u> </u>	<u>501, FQ</u>	JLD, OR STAPLE			
55555	a Tax year/Form		ļ.	ficial Use Only ▶			
	2019 /		OMB	No. 1545-0008			
b Employer's narr	ne, address, and ZIP co	ode		f Payer (Check one)	Kind of E	mployer (Check	
COURTESY TRAVEL, INC 7827 OLD YORK RD. STE 101 ELKINS PARK, PA 19027		941/941-SS X	Military 943 944	None apply	501c non-govt.	sick pay	
ELKINS PA	ARK, PA 19	027	CT-1	Hshld. Medicare emp. govt, emp.	State/local non-501c	State/local Fed 501c go	derai (Check if applicable)
d Number of Form 1	ns W-2c	e Employer's Federal EIN 23-2123901		f Establishment number		g Employer's state 0665146	e ID number
Complete boxes incorrect on last		h Employer's originally report	ed Federal EIN	I Incorrect establishment nur	mber	j Employer's incor	rect state ID number
	previously reported osed Forms W-2c.	Total of corrected amount shown on enclosed Forms		Total of amounts previously i as shown on enclosed Forms	* 1	Total of corrected shown on enclose	
1 Wages, tips, oth	•	1 Wages, tips, other comp		2 Federal income tax withheld	l l	2 Federal income	
3 Social security v	0.00	1200 3 Social security wages	.00	0.1		4 0-1-1	58.64
O Godiai security v	0.00	1200	.00	4 Social security tax withheld 0 •		4 Social security to	74.40
5 Medicare wages	•	5 Medicare wages and tips		6 Medicare tax withheld		6 Medicare tax wit	thheld
	0.00	1200	.00	0.	00		17.40
7 Social security t	ips	7 Social security tips		8 Allocated tips	•	B Allocated tips	
9		9		10 Dependent care benefits	10	Dependent care	benefits
11 Nonqualified pla	ns	11 Nonqualified plans		12a Deferred compensation	12	2a Deferred compe	nsation
14 Inc. tax w/h by th	ird-party sick pay payer	14 inc. tax w/h by third-party s	sick pay paye	12b	12	2b	
16 State wages, tip	s, etc. 0 • 0 0	16 State wages, tips, etc. 1200	.00	17 State income tax		7 State income tax	36.84
18 Local wages, tip	· ·	18 Local wages, tips, etc.		19 Local income tax	19	Local income tax	κ
	0.00	1200	.00	0.0	00		12.00
Explain decreases	here:						
		employment tax return file	d with the I	nternal Revenue Service?		X Yes N	0
		▶ 03/02/2020					
Under penalties of p correct, and complet	erjury, I declare that I h te.	nave examined this return, inclu	ding accom	panying documents, and, to the be	st of my knov	wledge and belief, i	t is true,
Signature ▶ ✓		Title ▶	PRES.				/02/2020
Employer's contact p	person		Empl	oyer's telephone number		I	al Use Only
Employaria fee accept						0000	/1034
Employer's fax numb	Jei		Empl	oyer's email address			

Form W-3c (Rev. 11-2015)

Transmittal of Corrected Wage and Tax Statements

Department of the Treasury Internal Revenue Service

Purpose of Form

Use this form to transmit Copy A of the most recent version of Form(s) W-2c, Corrected Wage and Tax Statement. Make a copy of Form W-3c and keep it with Copy D (For Employer) of Forms W-2c for your records. File Form W-3c even if only one Form W-2c is being filed or if those Forms W-2c are being filed only to correct an employee's name and social security number (SSN) or the employer identification number (EiN). See the General instructions for Forms W-2 and W-3 for information on correleting this form. for information on completing this form.

The SSA strongly suggests employers report Form W-3c and Forms W-2c Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website:

- . W-2c Online. Use fili-in forms to create, save, print, and submit up to 25 Forms W-2c at a time to the SSA.
- File Upload. Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2c Electronically (EFW2C).

For more information, go to www.socialsecurity.gov/employer. First time filers, select "Go to Register"; returning filers select "Go To Log In."

For Paperwork Reduction Act Notice, see separate instructions.

When To File

File this form and Copy A of Form(s) W-2c with the Social Security Administration as soon as possible after you discover an error on Forms W-2, W-2AS, W-2GU, W-2CM, W-2VI, or W-2c. Provide Copies B, C, and 2 of Form W-2c to your employees as soon as possible.

Where To File

If you use the U.S. Postal Service, send Forms W-2c and W-3c to the following address:

> Social Security Administration **Data Operations Center** P.O. Box 3333 Wilkes-Barre, PA 18767-3333

If you use a carrier other than the U.S. Postal Service, send Forms W-2c and W-3c to the following address:

Social Security Administration Data Operations Center Attn: W-2c Process 1150 E. Mountain Drive Wilkes-Barre, PA 18702-7997

			DO NOT STAPL	_E			
33333 ^{a Co}	ontrol number	For Official Us OMB No. 1545	•				
(Check one)	941 Military 943 X	944	Kind of Employer (Check one)	None apply X State/local non-501c		Third-party sick pay (Check if applicable)	
c Total number of Forms	W-2 d Establishment nur	nber	1 Wages, tips, other	compensation	2 Federal	income tax withheld	
10				L85.00		18667.49	
e Employer identification	number (EIN)		3 Social security wag	jes	4 Social s	4 Social security tax withheld	
23-2123901			2331	L85.00		14457.47	
f Employer's name			5 Medicare wages ar	nd tips	6 Medicar	e tax withheld	
COURTESY TE	RAVEL, INC		2331	L85.00		3381.66	
7827 OLD YO	ORK RD. STE 10: K, PA 19027	1	7 Social security tips		8 Allocate	d tips	
	,				10 Depende	ent care benefits	
			11 Nonqualified plans		12a Deferre	d compensation	
g Employer's address an	d ZIP code						
h Other EIN used this year			13 For third-party sick	pay use only	12b		
15 State Employer's	state ID number		14 Income tax withheld	d by payer of third	l-party sick pay	w	
x							
16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e	etc.	19 Local in	come tax	
233185	.00	5316.58	2331	185.00		2331.85	
Employer's contact per	rson	:	Employer's telepho	ne number	For Office	cial Use Only	
Employer's fax number			Employer's email a	ddress	l		

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶ √

Heb PRES

Date № 01/05/2020

Form W-3 Transmittal of Wage and Tax Statements

5019

Department of the Treasury Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA.

Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Separate instructions. See the 2019 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

Purpose of Form

Complete a Form W-3 Transmittal only when filling paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms **must** comply with IRS standards and be machine readable. Photocopies are **not** acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

- W-2 Online. Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- File Upload. Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be on time if submitted by **January 31, 2020**. For more information, go to www.SSA.gov/bso. First time filers, select "Register"; returning filers select "Log In."

When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by January 31, 2020.

Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

Social Security Administration Direct Operations Center Wilkes-Barre, PA 18769-0001

Note: If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Pub. 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10159Y

Form W-2 Wage and Tax Statemen		· · · · · · · · · · · · · · · · · · ·	Department of the Treasury - Internal Revenue Se	
Employee's soc. sec. no. Employer's (Сору	Employer identification no. (EIN) 23-2123901	ges, tips, other comp. 2 Federal income tax with 5340.00 533.	
Employer's name, address, and ZIP code		Control number	3 Social security wages 4 Social security tax withh	eld
COURTESY TRAVEL, I		7 Social security tips	15340.00 951. 5 Medicare wages and tlps 6 Medicare tax withheld	08
7827 OLD YORK RD. ELKINS PARK, PA 19			15340.00 222.	
·		8 Allocated tips		,
Employee's name, address, and ZIP code GIL AN		11 Nonqualified plans	12a-12d Code See inst. for box 12 13 Statutory employee	
P.O. BOX 401A		14 PASUI 9	, 10 Retirement	
3400 W. CHESTER PI NEWTOWN SQUARE, PA			plan Third-party	
	16 State wages, tips, etc. 17 State incor	ne tax 18 Local wages, tips	sick pay	
PA 1338 5638		470.86 15340	' de la	M
			· · · · · · · · · · · · · · · · · · ·	
Form W-2 Wage and Tax Statemen	nt 2019 OMB No. 1545-	8000	Department of the Treasury - Internal Revenue Se	ervice
Employee's soc. sec. no. Employer's		Employer identification no. (EIN)	1 Wages, tips, other comp. 2 Federal Income tax with 60000.00 6774.	
190-62-0555 Employer's name, address, and ZIP code		23-2123901 Control number	3 Social security wages 4 Social security tax withh	eld
COURTESY TRAVEL,]	INC	7 Social security tips	60000.00 3720. 5 Medicare wages and tips 6 Medicare tax withheld	00
7827 OLD YORK RD. ELKINS PARK, PA 19			60000.00 870.	
DERING PRINT, 171 1.	7027	8 Allocated tips	9 10 Dependent care benefits	3
Employee's name, address, and ZIP code SHAUN CHO		11 Nonqualified plans	12a-12d 13 Statutory Code See inst. for box 12 employee	
1 ARANAS COURT	20254	14 PASUI 36	.00 Retirement	
MOUNT LAUREL, NJ (08054		plan Third-party	
45 25 - 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	16 State wages, tips, etc. 17 State incor	ne tax 18 Local wages, tips	sick pay	
15 State	16 State wages, tips, etc. 60000.00	0.0d 60000		М
		1		
Form W-2 Wage and Tax Statemer Employee's soc. sec. no. Employer's		0008 Employer identification no. (EIN)	Department of the Treasury - Internal Revenue Se 1 Wages, tips, other comp. 2 Federal income tax with	
162-80-2861	Сору	23-2123901	28600.00 2350.	92
Employer's name, address, and ZIP code COURTESY TRAVEL,	INC	Control number	3 Social security wages 4 Social security tax withh 28600.00 1773.	eld 20
7827 OLD YORK RD.		7 Social security tips	5 Medicare wages and tips 6 Medicare tax withheld	
ELKINS PARK, PA 19	9027	8 Allocated tips	9 10 Dependent care benefits	
Employee's name, address, and ZIP code		11 Nongualified plans	12a-12d 12 Statuton	
YONG JEONG CHOI			Code See inst. for box 12 employee	
49 OLD CEDARBROOK WYNCOTE, PA 19095	RD	14 PASUI 17	. 16 Retirement plan	
WINCOID, III 19093			Third-party	
15 State Employer's state ID number	16 State wages, tips, etc. 17 State inco	me tax 18 Local wages, tips	sick pay sick pay 20 Locality name	
PA 1338 5638				
<u> </u>	28600.00	878.02 28600		M
	28600.00			ıM
		878.02 28600	0.00 286.00 CHELTENHA	
Form W-2 Wage and Tax Stateme	ent 2019 OMB No. 1545	878.02 28600	Department of the Treasury - Internal Revenue Se	ervice
Employee's soc. sec. no. 215-67-4339 Employer's	ent 2019 OMB No. 1545	878.02 28600	Department of the Treasury - Internal Revenue Se 1 Wages, tips, other comp. 5060.00 2 Federal income tax with 5060.00	ervice held 91
Employee's soc. sec. no. 215-67-4339 Employer's name, address, and ZIP code COURTESY TRAVEL,	ent 2019 OMB No. 1545- Copy	878.02 28600	Department of the Treasury - Internal Revenue Set 1 Wages, tips, other comp. 5060.00 2 Federal income tax with 63. 3 Social security wages 5060.00 4 Social security tax within 313.	ervice held 91
Employee's soc. sec. no. 215-67-4339 Employer's name, address, and ZIP code COURTESY TRAVEL, 7827 OLD YORK RD.	ent 2019 OMB No. 1545- Copy INC STE 101	878.02 28600	Department of the Treasury - Internal Revenue Set 1 Wages, tips, other comp. 5060.00 2 Federal income tax with 63.3 Social security wages 4 Social security tax with	ervice held 91 neld 72
Employee's soc. sec. no. 215-67-4339 Employer's name, address, and ZIP code COURTESY TRAVEL,	ent 2019 OMB No. 1545- Copy INC STE 101	878.02 28600	Department of the Treasury - Internal Revenue Set 1 Wages, tips, other comp. 5060.00 2 Federal income tax with 63. 3 Social security wages 5060.00 4 Social security tax within 313.	ervice sheld 91 neld 72
Employee's soc. sec. no. 215-67-4339 Employer's name, address, and ZIP code COURTESY TRAVEL, 7827 OLD YORK RD. ELKINS PARK, PA 1	ent 2019 OMB No. 1545- Copy INC STE 101	878.02 28600	Department of the Treasury - Internal Revenue Set 1 Wages, tips, other comp. 5060.00 3 Social security wages 5060.00 4 Social security tax with 313. 5 Medicare wages and tips 5060.00 9 10 Dependent care benefits	ervice sheld 91 neld 72
Employee's soc. sec. no. 215-67-4339 Employer's name, address, and ZIP code COURTESY TRAVEL, 7827 OLD YORK RD.	ent 2019 OMB No. 1545- Copy INC STE 101	878.02 28600	Department of the Treasury - Internal Revenue Set 1 Wages, tips, other comp. 5060.00 2 Federal income tax with 63. 3 Social security wages 5060.00 4 Social security tax with 313. 5 Medicare wages and tips 5060.00 9 10 Dependent care benefits 12a-12d Code See inst. for box 12	ervice sheld 91 neld 72
Employee's soc. sec. no. 215-67-4339 Employer's name, address, and ZIP code COURTESY TRAVEL, 7827 OLD YORK RD. ELKINS PARK, PA 1 Employee's name, address, and ZIP code DA YUN KIM APT A601 2801 STANBRIDGE S	ent 2019 OMB No. 1545- Copy INC STE 101 9027	878.02 28600	Department of the Treasury - Internal Revenue Set 1 Wages, tips, other comp. 5060.00 3 Social security wages 5060.00 4 Social security tax with 313. 5 Medicare wages and tips 5060.00 9 10 Dependent care benefits	ervice sheld 91 neld 72
Employee's soc. sec. no. 215-67-4339 Employer's name, address, and ZIP code COURTESY TRAVEL, 7827 OLD YORK RD. ELKINS PARK, PA 1 Employee's name, address, and ZIP code DA YUN KIM APT A601	ent 2019 OMB No. 1545- Copy INC STE 101 9027	878.02 28600	Department of the Treasury - Internal Revenue Set 1 Wages, tips, other comp. 5060.00 2 Federal income tax with 63. 3 Social security wages 5060.00 4 Social security tax with 313. 5 Medicare wages and tips 5060.00 6 Medicare tax withheld 73. 10 Dependent care benefits 12a-12d Code See inst. for box 12 Retirement Revenue Set 13 Statutory employee Retirement	ervice sheld 91 neld 72
Employee's soc. sec. no. 215-67-4339 Employer's name, address, and ZIP code COURTESY TRAVEL, 7827 OLD YORK RD. ELKINS PARK, PA 1 Employee's name, address, and ZIP code DA YUN KIM APT A601 2801 STANBRIDGE SEAST NORRITON, PA	ent 2019 OMB No. 1545- Copy INC STE 101 9027 T 19401	878.02 28600	Department of the Treasury - Internal Revenue Set 1 Wages, tips, other comp. 5060.00 3 Social security wages 5060.00 4 Social security tax with 313. 5 Medicare wages and tips 5060.00 9 12a-12d Code See inst. for box 12 13 Statutory employee Retirement plan Third-party sick pay	ervice held 91 neld 72 37 s
Employee's soc. sec. no. 215-67-4339 Employer's name, address, and ZIP code COURTESY TRAVEL, 7827 OLD YORK RD. ELKINS PARK, PA 1 Employee's name, address, and ZIP code DA YUN KIM APT A601 2801 STANBRIDGE SEAST NORRITON, PA	ent 2019 OMB No. 1545- Copy INC STE 101 9027	878.02 28600	Department of the Treasury - Internal Revenue Set 1 Wages, tips, other comp. 5060.00 3 Social security wages 5060.00 4 Social security tax with 313. 5 Medicare wages and tips 5060.00 9 12a-12d Code See inst. for box 12 13 Statutory employee Retirement plan Third-party sick pay	ervice held 91 neld 72 37 s

Form W-2 Wage and Tax Statement 2019 OMB No. 1545-0	0008	Department of the Treasury	y - Internal Revenue Service
Employee's soc. sec. no. Employer's Copy	Employer identification no. (EIN)	es, tips, other comp. 2	Federal income tax withheld
647-56-6535	23-2123901	4130.00	143.50 Social security tax withheld
Employer's name, address, and ZIP code	Control number	3 Social security wages 4	256.06
COURTESY TRAVEL, INC 7827 OLD YORK RD. STE 101	7 Social security tips	5 Medicare wages and tips 6	Medicare tax withheld
ELKINS PARK, PA 19027		4130.00	59.92
EURINS PARK, PA 1902/	8 Allocated tips	9 10	Dependent care benefits
Employee's name, address, and ZIP code	11 Nongualified plans	12a-12d	13 Statutory
INJI KIM	<u> </u>	Code See Inst. for box 12	employee
4 ANDOVER PL	14 PASUI 2.	45	Retirement plan
NEWTOWN, PA 18940			Third-party
			sick pay
15 State Employer's state ID number 16 State wages, tips, etc. 17 State incom	ne tax 18 Local wages, tips	,	20 Locality name
PA 1338 5638 4130.00	126.77 4130	41.39	NEWTOWN TWP
			
Form W-2 Wage and Tax Statement 2019 OMB No. 1545-0	8000		y - Internal Revenue Service
Employee's soc. sec. no. Employer's Copy	Employer identification no. (EIN)	7 (1008)001 (1011)	Federal income tax withheld 2111.74
689-56-8329	23-2123901 Control number	20315.00 3 Social security wages 4	Social security tax withheld
Employer's name, address, and ZIP code COURTESY TRAVEL, INC	Control Humber	20315.00	1259.53
7827 OLD YORK RD. STE 101	7 Social security tips		Medicare tax withheld
ELKINS PARK, PA 19027	D Alt	20315.00	294.61 Dependent care benefits
	8 Allocated tips		Department care perional
Employee's name, address, and ZIP code	11 Nonqualified plans	12a-12d	13 Statutory
WOOJO KIM	77.6777	Code See inst. for box 12	employee
#301 7827 OLD YORK RD	14 PASUI 12.	. 24	Retirement plan
ELKINS PARK, PA 19027			Third-party
	<u> </u>		sick pay 20 Locality name
15 State Employer's state D number 16 State wages, tips, etc. 17 State incom PA 1338 5638 20315.00	ne tax 623.73 18 Local wages, tips 20315	7 T T T T T T T T T T T T T T T T T T T	CHELTENHAM
111 1330 3030			
Form W-2 Wage and Tax Statement 2019 OMB No. 1545-			y - Internal Revenue Service
Employee's soc. sec. no. Employer's Copy	Employer identification no. (EIN)	1 Wages, tips, other comp. 2	Federal income tax withheld
Employee's soc. sec. no. Employer's Copy 162-62-6242		1 Wages, tips, other comp. 2 47860.00 3 Social security wages 4	Federal income tax withheld 4222.12 Social security tax withheld
Employee's soc. sec. no. 162-62-6242 Employer's Copy Employer's name, address, and ZIP code	Employer identification no. (EIN) 23-2123901 Control number	1 Wages, tips, other comp. 47860.00 3 Social security wages 47860.00	Federal income tax withheld 422.12 . 12 Social security tax withheld 2967.32
Employee's soc. sec. no. 162-62-6242 Employer's Copy Employer's name, address, and ZIP code	Employer identification no. (EIN) 23-2123901	1 Wages, tips, other comp. 47860.00 3 Social security wages 47860.00 5 Medicare wages and tips 6	Federal income tax withheld 4222.12 Social security tax withheld 2967.32 Medicare tax withheld
Employee's soc. sec. no. 162-62-6242 Employer's Copy Employer's name, address, and ZIP code COURTESY TRAVEL, INC	Employer identification no. (EIN) 23-2123901 Control number	1 Wages, tips, other comp. 47860.00 3 Social security wages 47860.00 5 Medicare wages and tips 47860.00	Federal income tax withheld 422.12 . 12 Social security tax withheld 2967.32
Employee's soc. sec. no. 162-62-6242 Employer's name, address, and ZIP code COURTESY TRAVEL, INC 7827 OLD YORK RD. STE 101 ELKINS PARK, PA 19027	Employer identification no. (EIN) 23-2123901 Control number 7 Social security tips 8 Allocated tips	1 Wages, tips, other comp. 47860.00 3 Social security wages 47860.00 5 Medicare wages and tips 47860.00 9 10	Federal income tax withheld 4222.12 Social security tax withheld 2967.32 Medicare tax withheld 694.10
Employee's soc. sec. no. 162-62-6242 Employer's name, address, and ZIP code COURTESY TRAVEL, INC 7827 OLD YORK RD. STE 101 ELKINS PARK, PA 19027 Employee's name, address, and ZIP code	Employer identification no. (EIN) 23-2123901 Control number 7 Social security tips	1 Wages, tips, other comp. 47860.00 3 Social security wages 47860.00 5 Medicare wages and tips 47860.00 9 12a-12d	Federal income tax withheld 4222.12 Social security tax withheld 2967.32 Medicare tax withheld 694.10 Dependent care benefits
Employee's soc. sec. no. 162-62-6242 Employer's name, address, and ZIP code COURTESY TRAVEL, INC 7827 OLD YORK RD. STE 101 ELKINS PARK, PA 19027 Employee's name, address, and ZIP code GRACE LEE	Employer identification no. (EIN) 23-2123901 Control number 7 Social security tips 8 Allocated tips 11 Nonqualified plans	1 Wages, tips, other comp. 47860.00 3 Social security wages 47860.00 5 Medicare wages and tips 47860.00 9 12a-12d Code See inst. for box 12	Federal income tax withheld 4222.12 Social security tax withheld 2967.32 Medicare tax withheld 694.10 Dependent care benefits
Employee's soc. sec. no. 162-62-6242 Employer's name, address, and ZIP code COURTESY TRAVEL, INC 7827 OLD YORK RD. STE 101 ELKINS PARK, PA 19027 Employee's name, address, and ZIP code GRACE LEE 2503 SPRING CREEK RD.	Employer identification no. (EIN) 23-2123901 Control number 7 Social security tips 8 Allocated tips 11 Nonqualified plans	1 Wages, tips, other comp. 47860.00 3 Social security wages 47860.00 5 Medicare wages and tips 47860.00 9 12a-12d	Federal income tax withheld 4222.12 Social security tax withheld 2967.32 Medicare tax withheld 694.10 Dependent care benefits
Employee's soc. sec. no. 162-62-6242 Employer's name, address, and ZIP code COURTESY TRAVEL, INC 7827 OLD YORK RD. STE 101 ELKINS PARK, PA 19027 Employee's name, address, and ZIP code GRACE LEE	Employer identification no. (EIN) 23-2123901 Control number 7 Social security tips 8 Allocated tips 11 Nonqualified plans	1 Wages, tips, other comp. 47860.00 3 Social security wages 47860.00 5 Medicare wages and tips 47860.00 9 12a-12d Code See inst. for box 12	Federal income tax withheld 4222.12 Social security tax withheld 2967.32 Medicare tax withheld 694.10 Dependent care benefits 13 Statutory employee Retirement plan Third-party
Employee's soc. sec. no. 162-62-6242 Employer's name, address, and ZIP code COURTESY TRAVEL, INC 7827 OLD YORK RD. STE 101 ELKINS PARK, PA 19027 Employee's name, address, and ZIP code GRACE LEE 2503 SPRING CREEK RD. LANSDALE, PA 19446	Employer identification no. (EIN) 23-2123901 Control number 7 Social security tips 8 Allocated tips 11 Nonqualified plans 14 PASUI 28	1 Wages, tips, other comp. 47860.00 3 Social security wages 47860.00 5 Medicare wages and tips 47860.00 9 12a-12d Code See inst. for box 12	Federal income tax withheld 4222.12 Social security tax withheld 2967.32 Medicare tax withheld 694.10 Dependent care benefits 13 Statutory employee Retirement plan
Employee's soc. sec. no. 162-62-6242 Employer's name, address, and ZIP code COURTESY TRAVEL, INC 7827 OLD YORK RD. STE 101 ELKINS PARK, PA 19027 Employee's name, address, and ZIP code GRACE LEE 2503 SPRING CREEK RD. LANSDALE, PA 19446	Employer identification no. (EIN) 23-2123901 Control number 7 Social security tips 8 Allocated tips 11 Nonqualified plans 14 PASUI 28	1 Wages, tips, other comp. 47860.00 3 Social security wages 47860.00 5 Medicare wages and tips 47860.00 9 12a-12d Code See inst. for box 12 6 2 6 2	Federal income tax withheld 4222.12 Social security tax withheld 2967.32 Medicare tax withheld 694.10 Dependent care benefits 13 Statutory employee Retirement plan Third-party sick pay
Employee's soc. sec. no. 162-62-6242 Employer's name, address, and ZIP code COURTESY TRAVEL, INC 7827 OLD YORK RD. STE 101 ELKINS PARK, PA 19027 Employee's name, address, and ZIP code GRACE LEE 2503 SPRING CREEK RD. LANSDALE, PA 19446	Employer identification no. (EIN) 23-2123901 Control number 7 Social security tips 8 Allocated tips 11 Nonqualified plans 14 PASUI 28	1 Wages, tips, other comp. 47860.00 3 Social security wages 47860.00 5 Medicare wages and tips 47860.00 9 12a-12d Code See inst. for box 12 6 2 6 2	Federal income tax withheld 4222.12 Social security tax withheld 2967.32 Medicare tax withheld 694.10 Dependent care benefits 13 Statutory employee Retirement plan Third-party sick pay 20 Locality name
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