

DO NOT CUT, FOLD, OR STAPLE

55555		a Tax year/Form corrected 2019 / W- 2		For Official Use Only ▶ OMB No. 1545-0008	
b Employer's name, address, and ZIP code COURTESY TRAVEL, INC 7827 OLD YORK RD. STE 101 ELKINS PARK, PA 19027		c Kind of Payer (Check one) 941/941-SS <input checked="" type="checkbox"/> Military <input type="checkbox"/> 943 <input type="checkbox"/> 944 <input type="checkbox"/> CT-1 <input type="checkbox"/> Hshld. emp. <input type="checkbox"/> Medicare govt. emp. <input type="checkbox"/>		Kind of Employer (Check one) None apply <input checked="" type="checkbox"/> 501c non-govt. <input type="checkbox"/> State/local non-501c <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal govt. <input type="checkbox"/> (Check if applicable)	
d Number of Forms W-2c 1	e Employer's Federal EIN 23-2123901	f Establishment number		g Employer's state ID number 0665146	
Complete boxes h, i, or j only if incorrect on last form filed.	h Employer's originally reported Federal EIN	i Incorrect establishment number		j Employer's incorrect state ID number	
Total of amounts previously reported as shown on enclosed Forms W-2c.	Total of corrected amounts as shown on enclosed Forms W-2c.	Total of amounts previously reported as shown on enclosed Forms W-2c.		Total of corrected amounts as shown on enclosed Forms W-2c.	
1 Wages, tips, other compensation 0.00	1 Wages, tips, other compensation 1200.00	2 Federal income tax withheld 0.00		2 Federal income tax withheld 58.64	
3 Social security wages 0.00	3 Social security wages 1200.00	4 Social security tax withheld 0.00		4 Social security tax withheld 74.40	
5 Medicare wages and tips 0.00	5 Medicare wages and tips 1200.00	6 Medicare tax withheld 0.00		6 Medicare tax withheld 17.40	
7 Social security tips	7 Social security tips	8 Allocated tips		8 Allocated tips	
9	9	10 Dependent care benefits		10 Dependent care benefits	
11 Nonqualified plans	11 Nonqualified plans	12a Deferred compensation		12a Deferred compensation	
14 Inc. tax w/h by third-party sick pay payer	14 Inc. tax w/h by third-party sick pay payer	12b		12b	
16 State wages, tips, etc. 0.00	16 State wages, tips, etc. 1200.00	17 State income tax 0.00		17 State income tax 36.84	
18 Local wages, tips, etc. 0.00	18 Local wages, tips, etc. 1200.00	19 Local income tax 0.00		19 Local income tax 12.00	
Explain decreases here:					
Has an adjustment been made on an employment tax return filed with the Internal Revenue Service? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," give date the return was filed ▶ 03/02/2020					
Under penalties of perjury, I declare that I have examined this return, including accompanying documents, and, to the best of my knowledge and belief, it is true, correct, and complete.					
Signature ▶		Title ▶ PRES.		Date ▶ 03/02/2020	
Employer's contact person		Employer's telephone number		For Official Use Only 0000/1034	
Employer's fax number		Employer's email address			

Form **W-3c** (Rev. 11-2015)**Transmittal of Corrected Wage and Tax Statements**Department of the Treasury
Internal Revenue Service

38-2099803

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 completing this form.

E-Filing

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 fill-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 (EPW2C).

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**

44444		For Official Use Only ► OMB No. 1545-0008			
a Employer's name, address, and ZIP code COURTESY TRAVEL, INC 7827 OLD YORK RD. STE 101 ELKINS PARK, PA 19027		c Tax year/Form corrected <div style="text-align: center;">2019/w-2</div>		d Employee's correct SSN <div style="text-align: center;">179-84-8831</div>	
		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/>			
		Complete boxes f and/or g only if incorrect on form previously filed ►			
		f Employee's previously reported SSN			
b Employer's Federal EIN <div style="text-align: center;">23-2123901</div>		g Employee's previously reported name			
<div style="background-color: #cccccc; height: 40px; width: 100%;"></div>		h Employee's name, address, and ZIP code <div style="display: flex; justify-content: space-between;"> JAY LEE </div> 922 BRADFIELD RD ABINGTON, PA 19001			
		Note. Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).			
<div style="text-align: center;">Previously reported</div>		<div style="text-align: center;">Correct information</div>		<div style="text-align: center;">Previously reported</div>	
1 Wages, tips, other compensation <div style="text-align: center;">0.00</div>		1 Wages, tips, other compensation <div style="text-align: center;">1200.00</div>		2 Federal income tax withheld <div style="text-align: center;">0.00</div>	
3 Social security wages <div style="text-align: center;">0.00</div>		3 Social security wages <div style="text-align: center;">1200.00</div>		4 Social security tax withheld <div style="text-align: center;">0.00</div>	
5 Medicare wages and tips <div style="text-align: center;">0.00</div>		5 Medicare wages and tips <div style="text-align: center;">1200.00</div>		6 Medicare tax withheld <div style="text-align: center;">0.00</div>	
7 Social security tips		7 Social security tips		8 Allocated tips	
9		9		10 Dependent care benefits	
11 Nonqualified plans		11 Nonqualified plans		12a See instructions for box 12	
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
14 Other (see instructions) PASUI <div style="float: right;">0.00</div>		14 Other (see instructions) PASUI <div style="float: right;">0.72</div>		12c	
				12d	
State Correction Information					
<div style="text-align: center;">Previously reported</div>		<div style="text-align: center;">Correct information</div>		<div style="text-align: center;">Previously reported</div>	
15 State <div style="text-align: center;">PA</div>		15 State <div style="text-align: center;">PA</div>		15 State	
Employer's state ID number <div style="text-align: center;">1338 5638</div>		Employer's state ID number <div style="text-align: center;">1338 5638</div>		Employer's state ID number	
16 State wages, tips, etc. <div style="text-align: center;">0.00</div>		16 State wages, tips, etc. <div style="text-align: center;">1200.00</div>		16 State wages, tips, etc.	
17 State income tax <div style="text-align: center;">0.00</div>		17 State income tax <div style="text-align: center;">36.84</div>		17 State income tax	
Locality Correction Information					
<div style="text-align: center;">Previously reported</div>		<div style="text-align: center;">Correct information</div>		<div style="text-align: center;">Previously reported</div>	
18 Local wages, tips, etc. <div style="text-align: center;">0.00</div>		18 Local wages, tips, etc. <div style="text-align: center;">1200.00</div>		18 Local wages, tips, etc.	
19 Local income tax <div style="text-align: center;">0.00</div>		19 Local income tax <div style="text-align: center;">12.00</div>		19 Local income tax	
20 Locality name <div style="text-align: center;">ABINGTON</div>		20 Locality name <div style="text-align: center;">ABINGTON</div>		20 Locality name	

Copy 1—State, City, or Local Tax Department

33333		a Control number		For Official Use Only ▶ OMB No. 1545-0008			
b Kind of Payer (Check one)		941 <input checked="" type="checkbox"/> CT-1	942 <input type="checkbox"/> Military Hshld. emp.	943 <input type="checkbox"/> Medicare govt. emp.	944 <input type="checkbox"/>	Kind of Employer (Check one)	
						None apply <input checked="" type="checkbox"/> State/local non-501c	501c non-govt. <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal govt. <input type="checkbox"/>
							Third-party sick pay (Check if applicable) <input type="checkbox"/>
c Total number of Forms W-2 10		d Establishment number		1 Wages, tips, other compensation 233185.00		2 Federal income tax withheld 18667.49	
e Employer identification number (EIN) 23-2123901				3 Social security wages 233185.00		4 Social security tax withheld 14457.47	
f Employer's name COURTESY TRAVEL, INC 7827 OLD YORK RD. STE 101 ELKINS PARK, PA 19027				5 Medicare wages and tips 233185.00		6 Medicare tax withheld 3381.66	
				7 Social security tips		8 Allocated tips	
				9		10 Dependent care benefits	
g Employer's address and ZIP code				11 Nonqualified plans		12a Deferred compensation	
h Other EIN used this year				13 For third-party sick pay use only		12b	
15 State Employer's state ID number X				14 Income tax withheld by payer of third-party sick pay			
16 State wages, tips, etc. 233185.00		17 State income tax 5316.58		18 Local wages, tips, etc. 233185.00		19 Local income tax 2331.85	
Employer's contact person				Employer's telephone number		For Official Use Only	
Employer's fax number				Employer's email address			

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 ▶  Title ▶ PRES. Date ▶ 01/05/2020

Form W-3 Transmittal of Wage and Tax Statements 2019

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 filing 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 Statement 2019

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Employee's soc. sec. no. 177-82-0526		Employer's Copy		Employer identification no. (EIN) 23-2123901		1 Wages, tips, other comp. 15340.00		2 Federal income tax withheld 533.00	
Employer's name, address, and ZIP code COURTESY TRAVEL, INC 7827 OLD YORK RD. STE 101 ELKINS PARK, PA 19027				Control number		3 Social security wages 15340.00		4 Social security tax withheld 951.08	
				7 Social security tips		5 Medicare wages and tips 15340.00		6 Medicare tax withheld 222.56	
				8 Allocated tips		9		10 Dependent care benefits	
Employee's name, address, and ZIP code GIL AN P.O. BOX 401A 3400 W. CHESTER PIKE NEWTOWN SQUARE, PA 19073				11 Nonqualified plans		12a-12d Code See inst. for box 12		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
				14 PASUI 9.10					
15 State PA	Employer's state ID number 1338 5638	16 State wages, tips, etc. 15340.00	17 State income tax 470.86	18 Local wages, tips, etc. 15340.00	19 Local income tax 153.40	20 Locality name CHELTENHAM			

Form W-2 Wage and Tax Statement 2019

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Employee's soc. sec. no. 190-62-0555		Employer's Copy		Employer identification no. (EIN) 23-2123901		1 Wages, tips, other comp. 60000.00		2 Federal income tax withheld 6774.00	
Employer's name, address, and ZIP code COURTESY TRAVEL, INC 7827 OLD YORK RD. STE 101 ELKINS PARK, PA 19027				Control number		3 Social security wages 60000.00		4 Social security tax withheld 3720.00	
				7 Social security tips		5 Medicare wages and tips 60000.00		6 Medicare tax withheld 870.00	
				8 Allocated tips		9		10 Dependent care benefits	
Employee's name, address, and ZIP code SHAUN CHO 1 ARANAS COURT MOUNT LAUREL, NJ 08054				11 Nonqualified plans		12a-12d Code See inst. for box 12		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
				14 PASUI 36.00					
15 State NJ	Employer's state ID number 23-2123901	16 State wages, tips, etc. 60000.00	17 State income tax 0.00	18 Local wages, tips, etc. 60000.00	19 Local income tax 600.00	20 Locality name CHELTENHAM			

Form W-2 Wage and Tax Statement 2019

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Employee's soc. sec. no. 162-80-2861		Employer's Copy		Employer identification no. (EIN) 23-2123901		1 Wages, tips, other comp. 28600.00		2 Federal income tax withheld 2350.92	
Employer's name, address, and ZIP code COURTESY TRAVEL, INC 7827 OLD YORK RD. STE 101 ELKINS PARK, PA 19027				Control number		3 Social security wages 28600.00		4 Social security tax withheld 1773.20	
				7 Social security tips		5 Medicare wages and tips 28600.00		6 Medicare tax withheld 414.70	
				8 Allocated tips		9		10 Dependent care benefits	
Employee's name, address, and ZIP code YONG JEONG CHOI 49 OLD CEDARBROOK RD WYNCOTE, PA 19095				11 Nonqualified plans		12a-12d Code See inst. for box 12		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
				14 PASUI 17.16					
15 State PA	Employer's state ID number 1338 5638	16 State wages, tips, etc. 28600.00	17 State income tax 878.02	18 Local wages, tips, etc. 28600.00	19 Local income tax 286.00	20 Locality name CHELTENHAM			

Form W-2 Wage and Tax Statement 2019

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Employee's soc. sec. no. 215-67-4339		Employer's Copy		Employer identification no. (EIN) 23-2123901		1 Wages, tips, other comp. 5060.00		2 Federal income tax withheld 63.91	
Employer's name, address, and ZIP code COURTESY TRAVEL, INC 7827 OLD YORK RD. STE 101 ELKINS PARK, PA 19027				Control number		3 Social security wages 5060.00		4 Social security tax withheld 313.72	
				7 Social security tips		5 Medicare wages and tips 5060.00		6 Medicare tax withheld 73.37	
				8 Allocated tips		9		10 Dependent care benefits	
Employee's name, address, and ZIP code DA YUN KIM APT A601 2801 STANBRIDGE ST EAST NORRITON, PA 19401				11 Nonqualified plans		12a-12d Code See inst. for box 12		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
				14 PASUI 3.08					
15 State PA	Employer's state ID number 1338 5638	16 State wages, tips, etc. 5060.00	17 State income tax 155.32	18 Local wages, tips, etc. 5060.00	19 Local income tax 50.60	20 Locality name E. NORRITON			

Form W-2 Wage and Tax Statement 2019

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Employee's soc. sec. no. 647-56-6535		Employer's Copy		Employer identification no. (EIN) 23-2123901		1 Wages, tips, other comp. 4130.00		2 Federal income tax withheld 143.50	
Employer's name, address, and ZIP code COURTESY TRAVEL, INC 7827 OLD YORK RD. STE 101 ELKINS PARK, PA 19027				Control number		3 Social security wages 4130.00		4 Social security tax withheld 256.06	
				7 Social security tips		5 Medicare wages and tips 4130.00		6 Medicare tax withheld 59.92	
				8 Allocated tips		9		10 Dependent care benefits	
Employee's name, address, and ZIP code INJI KIM 4 ANDOVER PL NEWTOWN, PA 18940				11 Nonqualified plans		12a-12d Code See inst. for box 12		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
				14 PASUI 2.45					
15 State	Employer's state ID number PA 1338 5638	16 State wages, tips, etc. 4130.00	17 State income tax 126.77	18 Local wages, tips, etc. 4130.00	19 Local income tax 41.30	20 Locality name NEWTOWN TWP			

Form W-2 Wage and Tax Statement 2019

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Employee's soc. sec. no. 689-56-8329		Employer's Copy		Employer identification no. (EIN) 23-2123901		1 Wages, tips, other comp. 20315.00		2 Federal income tax withheld 2111.74	
Employer's name, address, and ZIP code COURTESY TRAVEL, INC 7827 OLD YORK RD. STE 101 ELKINS PARK, PA 19027				Control number		3 Social security wages 20315.00		4 Social security tax withheld 1259.53	
				7 Social security tips		5 Medicare wages and tips 20315.00		6 Medicare tax withheld 294.61	
				8 Allocated tips		9		10 Dependent care benefits	
Employee's name, address, and ZIP code WOOJO KIM #301 7827 OLD YORK RD ELKINS PARK, PA 19027				11 Nonqualified plans		12a-12d Code See inst. for box 12		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
				14 PASUI 12.24					
15 State	Employer's state ID number PA 1338 5638	16 State wages, tips, etc. 20315.00	17 State income tax 623.73	18 Local wages, tips, etc. 20315.00	19 Local income tax 203.15	20 Locality name CHELTENHAM			

Form W-2 Wage and Tax Statement 2019

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Employee's soc. sec. no. 162-62-6242		Employer's Copy		Employer identification no. (EIN) 23-2123901		1 Wages, tips, other comp. 47860.00		2 Federal income tax withheld 4222.12	
Employer's name, address, and ZIP code COURTESY TRAVEL, INC 7827 OLD YORK RD. STE 101 ELKINS PARK, PA 19027				Control number		3 Social security wages 47860.00		4 Social security tax withheld 2967.32	
				7 Social security tips		5 Medicare wages and tips 47860.00		6 Medicare tax withheld 694.10	
				8 Allocated tips		9		10 Dependent care benefits	
Employee's name, address, and ZIP code GRACE LEE 2503 SPRING CREEK RD. LANSDALE, PA 19446				11 Nonqualified plans		12a-12d Code See inst. for box 12		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
				14 PASUI 28.62					
15 State	Employer's state ID number PA 1338 5638	16 State wages, tips, etc. 47860.00	17 State income tax 1469.24	18 Local wages, tips, etc. 47860.00	19 Local income tax 478.60	20 Locality name WORCESTER			

Form W-2 Wage and Tax Statement 2019

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Employee's soc. sec. no. 163-78-4840		Employer's Copy		Employer identification no. (EIN) 23-2123901		1 Wages, tips, other comp. 15000.00		2 Federal income tax withheld 1232.96	
Employer's name, address, and ZIP code COURTESY TRAVEL, INC 7827 OLD YORK RD. STE 101 ELKINS PARK, PA 19027				Control number		3 Social security wages 15000.00		4 Social security tax withheld 930.00	
				7 Social security tips		5 Medicare wages and tips 15000.00		6 Medicare tax withheld 217.52	
				8 Allocated tips		9		10 Dependent care benefits	
Employee's name, address, and ZIP code SEUNG HAN LEE 841 PENN AVE. GLENSIDE, PA 19038				11 Nonqualified plans		12a-12d Code See inst. for box 12		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
				14 PASUI 9.04					
15 State	Employer's state ID number PA 1338 5638	16 State wages, tips, etc. 15000.00	17 State income tax 460.48	18 Local wages, tips, etc. 15000.00	19 Local income tax 150.00	20 Locality name ABINGTON			

Form W-2 Wage and Tax Statement 2019

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Employee's soc. sec. no. 472-81-3792		Employer's Copy		Employer identification no. (EIN) 23-2123901		1 Wages, tips, other comp. 21680.00		2 Federal income tax withheld 825.94	
Employer's name, address, and ZIP code COURTESY TRAVEL, INC 7827 OLD YORK RD. STE 101 ELKINS PARK, PA 19027				Control number		3 Social security wages 21680.00		4 Social security tax withheld 1344.16	
				7 Social security tips		5 Medicare wages and tips 21680.00		6 Medicare tax withheld 314.48	
				8 Allocated tips		9		10 Dependent care benefits	
Employee's name, address, and ZIP code YOO JIN LEE 302 CHEROKEE CIR. AMBLER, PA 19002				11 Nonqualified plans		12a-12d Code See inst. for box 12		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
				14 PASUI 13.06					
15 State PA	Employer's state ID number 1338 5638	16 State wages, tips, etc. 21680.00	17 State income tax 665.56	18 Local wages, tips, etc. 21680.00	19 Local income tax 216.80	20 Locality name U.DUBLIN			

Form W-2 Wage and Tax Statement 2019

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Employee's soc. sec. no. 206-80-7110		Employer's Copy		Employer identification no. (EIN) 23-2123901		1 Wages, tips, other comp. 15200.00		2 Federal income tax withheld 409.40	
Employer's name, address, and ZIP code COURTESY TRAVEL, INC 7827 OLD YORK RD. STE 101 ELKINS PARK, PA 19027				Control number		3 Social security wages 15200.00		4 Social security tax withheld 942.40	
				7 Social security tips		5 Medicare wages and tips 15200.00		6 Medicare tax withheld 220.40	
				8 Allocated tips		9		10 Dependent care benefits	
Employee's name, address, and ZIP code EUNKYUNG YANG APT 312 8480 LIMEKILN PK WYNCOTE, PA 19095				11 Nonqualified plans		12a-12d Code See inst. for box 12		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
				14 PASUI 9.20					
15 State PA	Employer's state ID number 1338 5638	16 State wages, tips, etc. 15200.00	17 State income tax 466.60	18 Local wages, tips, etc. 15200.00	19 Local income tax 152.00	20 Locality name CHELTENHAM			

Form W-2 Wage and Tax Statement 2019

OMB No. 1545-0008

Department of the Treasury - 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	
Employer's name, address, and ZIP code				Control number		3 Social security wages		4 Social security tax withheld	
				7 Social security tips		5 Medicare wages and tips		6 Medicare tax withheld	
				8 Allocated tips		9		10 Dependent care benefits	
Employee's name, address, and ZIP code				11 Nonqualified plans		12a-12d Code See inst. for box 12		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
				14					
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			

Form W-2 Wage and Tax Statement 2019

OMB No. 1545-0008

Department of the Treasury - 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	
Employer's name, address, and ZIP code				Control number		3 Social security wages		4 Social security tax withheld	
				7 Social security tips		5 Medicare wages and tips		6 Medicare tax withheld	
				8 Allocated tips		9		10 Dependent care benefits	
Employee's name, address, and ZIP code				11 Nonqualified plans		12a-12d Code See inst. for box 12		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
				14					
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			