

W-2 Statements

a Control number 0017 66/18E		Void <input type="checkbox"/>		OMB No. 1545-0008 18E		0017	
b Employer identification number (EIN) [REDACTED]				1 Wages, tips, other compensation 7890.65		2 Federal income tax withheld 714.35	
c Employer's name, address, and ZIP code JEFFREY E. EPSTEIN 358 EL BRILLO WAY PALM BEACH, FL 33480				3 Social security wages 7890.65		4 Social security tax withheld 489.22	
				5 Medicare wages and tips 7890.65		6 Medicare tax withheld 114.41	
				7 Social security tips		8 Allocated tips	
[REDACTED]				9 Advance EIC payment		10 Dependent care benefits	
[REDACTED] st name Sufi. MIAMI BEACH, FL 33139				11 Nonqualified plans		12a See instructions for box 12 C 6.00	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code				16 State wages, tips, etc.		17 State income tax	
15 State Employer's state ID number FL				18 Local wages, tips, etc.		19 Local income tax	
						20 Locality name	

W-2 Wage and Tax Statement
For Employer.

2006

Department of the Treasury—Internal Revenue Service
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a Control number 0017 66/18E		Void <input type="checkbox"/>		OMB No. 1545-0008 18E		0017	
b Employer identification number (EIN) [REDACTED]				1 Wages, tips, other compensation 38536.47		2 Federal income tax withheld 3463.23	
c Employer's name, address, and ZIP code JEFFREY E. EPSTEIN 358 EL BRILLO WAY PALM BEACH, FL 33480 [REDACTED] MIAMI BEACH, FL 33139				3 Social security wages 38536.47		4 Social security tax withheld 2389.26	
				5 Medicare wages and tips 38536.47		6 Medicare tax withheld 558.78	
				7 Social security tips		8 Allocated tips	
				9 Advance EIC payment		10 Dependent care benefits	
				11 Nonqualified plans		12a See instructions for box 12 C 28.62	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State FL	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
Copy D—For Employer.

2005

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a Control number		Void <input type="checkbox"/>		OMB No. 1545-0008			
b Employer identification number (EIN)				1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
				9 Advance EIC payment		10 Dependent care benefits	
d Employee's social security number				11 Nonqualified plans		12a See instructions for box 12	
e Employee's first name and initial Last name				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
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

V-2 Wage and Tax
Statement
For Employer.

2005

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