Copy B To Be Filed With Employee's FEDERAL Tax Return

2025 OMB No. 1545-0008

a Employee's social security number	1 Wages, tips, other comp.	2 Federal income tax withheld
***-**-1022	14758.78	27.03
b Employer ID number	**3 Social security wages**	**4 Social security tax withheld**
88-3881403	14758.78	915.04
	5 Medicare wages and tips	**6 Medicare tax withheld**
	14758.78	214.00

c Employer's name, address, and ZIP code

Public Partnerships Home Care LLC
17 Plaza Drive
Latham, NY 12110

d Control Number
PPL1 NY10269680

e Employee's first name and initial **Last name**

Damaris Parra Rojas
305 1st St
Rochester,NY 14605-1628

f Employee's address, and ZIP code

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	**11 Nonqualified plans**	**12a Code**
13 Statutory employee	**14 Other** NYPFL 57.26 NYSDI 23.42	**12b Code**
Retirement plan		**12c Code**
3rd party sick pay		**12d Code**

15 State Empl.'s state I.D. #	16 State wages, tips, etc.	17 State income tax
NY 88-3881403	14758.78	333.13
18 Local wages, tips, etc.	**19 Local income tax**	**20 Locality name**

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS
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

2025 OMB No. 1545-0008

a Employee's social security number	1 Wages, tips, other comp.	2 Federal income tax withheld
***-**-1022	14758.78	27.03
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Latham, NY 12110

d Control Number
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Rochester,NY 14605-1628

f Employee's address, and ZIP code

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NY 88-3881403	14758.78	333.13
18 Local wages, tips, etc.	**19 Local income tax**	**20 Locality name**

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

2025 OMB No. 1545-0008

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Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

2025 OMB No. 1545-0008

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Public Partnerships Home Care LLC
17 Plaza Drive
Latham, NY 12110

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Damaris Parra Rojas
305 1st St
Rochester,NY 14605-1628

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18 Local wages, tips, etc.	**19 Local income tax**	**20 Locality name**

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS
This information is being furnished to the IRS. If you are required to file a tax return, a negligenc penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

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2025 W-2 and EARNINGS SUMMARY

ADP

Employee Reference Copy

W-2 Wage and Tax Statement 2025

Copy C for employee's records. OMB No. 1545-0029

d Control number	Dept.	Corp.	Employer use only
000006 LH/MRY			A 9

c Employer's name, address, and ZIP code

ANCHORED TENTS AND
PARTY RENTALS LL
912 STATE ROUTE 104
ONTARIO, NY 14519

Batch #90269

e/f Employee's name, address, and ZIP code

KERVIN MARTINEZ PLACERES
6879 LAKESIDE ROAD
UPPER
ONTARIO, NY 14519-9356

b Employer's FED ID number	a Employee's SSA number
821983651	XXX-XX-4387
1 Wages, tips, other comp. 693.75	2 Federal income tax withheld 15.55
3 Social security wages 693.75	4 Social security tax withheld 43.01
5 Medicare wages and tips 693.75	6 Medicare tax withheld 10.06
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other 2.69 NY PFL 1.20 VPDI	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay
15 State NY / Employer's state ID no. 821983651	16 State wages, tips, etc. 693.75
17 State income tax 17.73	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	693.75	693.75	693.75	693.75
Reported W-2 Wages	693.75	693.75	693.75	693.75

2. Employee Name and Address.

KERVIN MARTINEZ PLACERES
6879 LAKESIDE ROAD
UPPER
ONTARIO, NY 14519-9356

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Federal Filing Copy

W-2 Wage and Tax Statement 2025

Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0029

1 Wages, tips, other comp. 693.75	2 Federal income tax withheld 15.55
3 Social security wages 693.75	4 Social security tax withheld 43.01
5 Medicare wages and tips 693.75	6 Medicare tax withheld 10.06
d Control number 000006 LH/MRY / Dept. / Corp. / Employer use only A 9	
c Employer's name, address, and ZIP code: ANCHORED TENTS AND PARTY RENTALS LL 912 STATE ROUTE 104 ONTARIO, NY 14519	
b Employer's FED ID number 821983651	a Employee's SSA number XXX-XX-4387
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
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e/f Employee's name, address and ZIP code: KERVIN MARTINEZ PLACERES 6879 LAKESIDE ROAD UPPER ONTARIO, NY 14519-9356	
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17 State income tax 17.73	18 Local wages, tips, etc.
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NY State Reference Copy

W-2 Wage and Tax Statement 2025

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NY State Filing Copy

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