

EXHIBIT A

a. Control number		Void <input type="checkbox"/>		0017	
b. Employer identification number (EIN)		1 Wages, tips, other compensation	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	4 Social security tax withheld	489.22	
		5 Medicare wages and tips	6 Medicare tax withheld	114.41	
		7 Social security tips	8 Allocated tips		
d. Employee's social security number		9 Advance EIC payment	10 Dependent care benefits		
e. Employee's first name and initial		Last name		Suff.	
11 Nonqualified plans		12a See instructions for box 12			
13 Dividend		13a Dividend	13b Dividend	12b C 6.00	
14 Other		12c			
12d		12d			
f. Employee's address and ZIP code					
15 State	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
FL					

W-2 Wage and Tax Statement
For Employer.

2006

Department of the Treasury—Internal Revenue Service
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MM16-31E-MM-108062-GJ-1A SEC 003 SER 1A9-1A16-000332

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

a. Control number		Void <input type="checkbox"/>		0017	
b. Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld	
			38536.47	3463.23	
c. Employer's name, address, and ZIP code JEFFREY E. EPSTEIN 358 EL BRILLO WAY PALM BEACH, FL 33480			3 Social security wages	4 Social security tax withheld	
			38536.47	2389.25	
			5 Medicare wages and tips	6 Medicare tax withheld	
			38536.47	558.78	
			7 Social security tips	8 Allocated tips	
d. Employer's social security number			9 Advance EIC payment	10 Dependent care benefits	
e. Employee's first name and initial Last name			11 Nonqualified plans	12a See instructions for box 12	
				C 28.62	
			13 Salary deferral	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
FL					20 Locality name

Form **W-2** Wage and Tax Statement
Copy D—For Employer.

2005

Department of the Treasury—Internal Revenue Service
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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	
d. Employer's social security number			9 Advance EIC payment	10 Dependent care benefits	
e. Employee's first name and initial Last name			11 Nonqualified plans	12a See instructions for box 12	
				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

Department of the Treasury—Internal Revenue Service
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MM16-31E-MM-108062-GJ-1A SEC 003 SER 1A9-1A16-000333

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17