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|--|----------------------------|-------------------------------------|-----------------------------------|---------------------|--------------------------------|---|------------------|-------------------------|
| 22222 | | a Employee's social security number | | 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 Control number | | | 9 | | 10 Dependent care benefits | | | |
| e Employee's first name and initial | | Last name | | Suff. | | 11 Nonqualified plans | | 12a C o d e |
| | | | | | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 12b C o d e |
| | | | | | | 14 Other | | 12c C o d e |
| | | | | | | | | 12d C o d e |
| 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 | |
| ----- | ----- | | ----- | ----- | ----- | ----- | ----- | |

Form **W-2** Wage and Tax Statement
 Copy 1—For State, City, or Local Tax Department

2023

Department of the Treasury—Internal Revenue Service