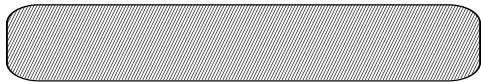


Copy B—To Be Filed With Employee's FEDERAL Tax Return.			41-0852411 OMB No. 1545-0008		
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld			
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld			
	5 Medicare wages and tips	6 Medicare tax withheld			
c Employer's name, address, and ZIP code					
d Control number					
e Employee's name, address, and ZIP code Suff.					
7 Social security tips	8 Allocated tips	9			
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12			
13 Statutory employee	14 Other	12b Code			
Retirement plan		12c Code			
Third-party sick pay		12d 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 2023 Dept. of the Treasury -- IRS This information is being furnished to the Internal Revenue Service. www.irs.gov/efile					

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.			41-0852411 OMB No. 1545-0008		
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld			
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld			
	5 Medicare wages and tips	6 Medicare tax withheld			
c Employer's name, address, and ZIP code					
d Control number					
e Employee's name, address, and ZIP code Suff.					
7 Social security tips	8 Allocated tips	9			
10 Dependent care benefits	11 Nonqualified plans	12a Code			
13 Statutory employee	14 Other	12b Code			
Retirement plan		12c Code			
Third-party sick pay		12d 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 2023 Dept. of the Treasury -- IRS					

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)			41-0852411 OMB No. 1545-0008		
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld			
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld			
	5 Medicare wages and tips	6 Medicare tax withheld			
c Employer's name, address, and ZIP code					
d Control number					

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.			41-0852411 OMB No. 1545-0008		
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld			
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld			
	5 Medicare wages and tips	6 Medicare tax withheld			
c Employer's name, address, and ZIP code					
d Control number					
e Employee's name, address, and ZIP code Suff.					
7 Social security tips	8 Allocated tips	9			
10 Dependent care benefits	11 Nonqualified plans	12a Code			
13 Statutory employee	14 Other	12b Code			
Retirement plan		12c Code			
Third-party sick pay		12d 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 2023 Dept. of the Treasury -- IRS L4UP 5205					



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DW4SS

IMPORTANT TAX RETURN DOCUMENT ENCLOSED