Form W-2 Wag	e and Tax State	ment 2023	MB No. 1545-0008	3			Department of th	e Treasury - Internal Revenue Servic
Control number	Copy B To E Tax Return	Copy B To Be Filed With Employee's FEDERAL			Employer identification number (EIN)		ages, tips, other comp.	2 Federal income tax withheld
Employer's name, address, and ZIP code					Employee's social security number		ocial security wages	4 Social security tax withheld
				7 Social security tips		5 Me	edicare wages and tips	6 Medicare tax withheld
				8 Allocat	ted tips	9		10 Dependent care benefits
Employee's name, address, and ZIP code Suff.					11 Nonqualified plans		12a - 12d Code See inst. for box 12	13 Statutory employee
							Odde dee inst. for box 12	Retirement plan
								Third-party sick pay
5 State Employer's state ID number 16 State wages, tips, etc. 17 State incor			17 State income	e tax 18 Local wages, tips,		etc. 19 Local income tax		20 Locality name
This information is being furnished to the Internal Revenue Service								
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Orm W-2 Wage Control number	e and Tax State Copy C For	ment ZUZ3 · EMPLOYEE'S RECOR	OMB No. 1545-000 DS. (See		entification number (EIN)	1 W	Department of the dages, tips, other comp	e Treasury - Internal Revenue Serv 2 Federal income tax withheld
Notice to Employee on back of Copy B).					Employee's social security number 3		ocial security wages	4 Social security tax withheld
Employer's name, address, and ZIP code								6 Medicare tax withheld
				7 Social security tips			edicare wages and tips	
					8 Allocated tips			10 Dependent care benefits
Employee's name, address, and ZIP code Suff.				11 Nonqualified plans			12a - 12d Code See inst. for box 12	13 Statutory employee
				14 Other				Retirement
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5 State Employer's state ID number 16 State wages, tips, etc. 17 State incor				e tax 18 Local wages, tips, etc.			19 Local income tax	sick pay 20 Locality name
Control number	rm W-2 Wage and Tax Statement 2023 OMB No. 1545-000 Ontrol number Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return Opployer's name, address, and ZIP code				Employer identification number (EIN) 1 W		ages, tips, other comp	e Treasury - Internal Revenue Serv 2 Federal income tax withheld 4 Social security tax withheld
				7 Social security tips 5		5 M	edicare wages and tips	6 Medicare tax withheld
				8 Allocated tips 9		9		10 Dependent care benefits
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				14 Other		Code	employee	
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15 State Employer's	state ID number	16 State wages, tips, etc.	17 State income	tav	18 Local wages, tips,	oto	19 Local income tax	sick pay
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Form W-2 Wage and Tax Statement 2023 OMB No. 1545-000 Control number Copy 2 To Be Filed With Employee's State,						Department of the ages, tips, other comp	e Treasury - Internal Revenue Servi 2 Federal income tax withheld	
City, or Local Income Tax Return Employer's name, address, and ZIP code				Employee's social security number 3 S		3 Sc	ocial security wages	4 Social security tax withheld
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15 State Employer's	state ID number	16 State wages, tips, etc.	17 State income	e tax	18 Local wages, tips,	etc.	19 Local income tax	20 Locality name
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