

Form **W-2** Wage and Tax Statement

2023

OMB No. 1545-0008

Department of the Treasury—Internal Revenue Service

Copy B – To Be Filed With Employee's FEDERAL Tax Return.  
This information is being furnished to the Internal Revenue Service.

|  |   |                                     |                                |                            |                     |                  |
|--|---|-------------------------------------|--------------------------------|----------------------------|---------------------|------------------|
| c Employer's name, address, and ZIP code | 7 Social security tips                                | 1 Wages, tips, other compensation   | 2 Federal income tax withheld  |                            |                     |                  |
|  | 8 Allocated tips                                      | 3 Social security wages             | 4 Social security tax withheld |                            |                     |                  |
|  | 9   | 5 Medicare wages and tips           | 6 Medicare tax withheld        |                            |                     |                  |
|  | 12a See instructions for box 12                       | 10 Dependent care benefits          | 11 Nonqualified plans          |                            |                     |                  |
| e Employee's name, address, and ZIP code | 12d   | 12b                                 | 12c                            |                            |                     |                  |
|  | 13 Statutory emp Retirement plan Third-party sick pay | 14 Other                            |                                |                            |                     |                  |
|  | b Employer identification number (EIN)                | a Employee's social security number |                                |                            |                     |                  |
|  |   |                                     |                                |                            |                     |                  |
| 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 |

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

|  |  |                                     |                                |                            |                     |                  |
|--|--|-------------------------------------|--------------------------------|----------------------------|---------------------|------------------|
| c Employer's name, address, and ZIP code | 7 Social security tips   | 1 Wages, tips, other compensation   | 2 Federal income tax withheld  |                            |                     |                  |
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|  | 12a See instructions for box 12  | 10 Dependent care benefits          | 11 Nonqualified plans          |                            |                     |                  |
| e Employee's name, address, and ZIP code | 12d  | 12b                                 | 12c                            |                            |                     |                  |
|  | 13 Statutory emp Retirement plan Third-party sick pay  | 14 Other                            |                                |                            |                     |                  |
|  | b Employer identification number (EIN)   | a Employee's social security number |                                |                            |                     |                  |
|  | This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. |                                     |                                |                            |                     |                  |
| 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 |

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

|  |   |                                     |                                |                            |                     |                  |
|--|---|-------------------------------------|--------------------------------|----------------------------|---------------------|------------------|
| c Employer's name, address, and ZIP code | 7 Social security tips                                | 1 Wages, tips, other compensation   | 2 Federal income tax withheld  |                            |                     |                  |
|  | 8 Allocated tips                                      | 3 Social security wages             | 4 Social security tax withheld |                            |                     |                  |
|  | 9   | 5 Medicare wages and tips           | 6 Medicare tax withheld        |                            |                     |                  |
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| e Employee's name, address, and ZIP code | 12d   | 12b                                 | 12c                            |                            |                     |                  |
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|  |   |                                     |                                |                            |                     |                  |
| 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 |

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|--|---|-------------------------------------|--------------------------------|----------------------------|---------------------|------------------|
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|  | 8 Allocated tips                                      | 3 Social security wages             | 4 Social security tax withheld |                            |                     |                  |
|  | 9   | 5 Medicare wages and tips           | 6 Medicare tax withheld        |                            |                     |                  |
|  | 12a   | 10 Dependent care benefits          | 11 Nonqualified plans          |                            |                     |                  |
| e Employee's name, address, and ZIP code | 12d   | 12b                                 | 12c                            |                            |                     |                  |
|  | 13 Statutory emp Retirement plan Third-party sick pay | 14 Other                            |                                |                            |                     |                  |
|  | b Employer identification number (EIN)                | a Employee's social security number |                                |                            |                     |                  |
|  |   |                                     |                                |                            |                     |                  |
| 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 |

FROM:

Important Tax Document Enclosed

First-Class Mail

SEE REVERSE SIDE FOR  
OPENING INSTRUCTIONS

5228/PS1286