

Department of the Treasury—Internal Revenue Service

| | | | | | |
|--|--|-------------------------------------|--|---------------------------------|--|
| d Control number | | 1 Wages, tips, other compensation | | 2 Federal income tax withheld | |
| OMB NO. 1545-0008 | | 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 | | | | | |
| | | | | | |
| 7 Social security tips | | 8 Allocated tips | | 9 | |
| 10 Dependent care benefits | | 11 Nonqualified plans | | 12a See instructions for box 12 | |
| 12b | | 12c | | 12d | |
| b Employer identification number (EIN) | | a Employee's social security number | | | |
| 13 Statutory employee | | Retirement plan | | Third-party sick pay | |
| 14 Other | | | | | |
| e Employee's name, address and ZIP code | | | | | |
| 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. | | | | | |
| 2023 | | 15 State Employer's state ID No. | | 16 State wages, tips, etc. | |
| Form W-2 Wage and Tax Statement | | 17 State income tax | | 18 Local wages, tips, etc. | |
| Copy C-For EMPLOYEE'S RECORDS | | 19 Local income tax | | 20 Locality name | |
| (See Notice to Employee on the back of Copy B.) | | | | | |

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| Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return. | | 19 Local income tax | | 20 Locality name | |

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FROM:

Important Tax Document Enclosed

First-Class Mail

SEE REVERSE SIDE FOR
OPENING INSTRUCTIONS