

OMB No. 1545-0008

Department of the Treasury—Internal Revenue Service

| | |
|-----------------------------------|--------------------------------|
| 1 Wages, tips, other compensation | 2 Federal income tax withheld |
| 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 |
| 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

| | | |
|---|-------------------------------------|----------------------------|
| Form | 15 State Employer's state ID number | 16 State wages, tips, etc. |
| W-2 | | |
| Wage and Tax Statement | 17 State income tax | 18 Local wages, tips, etc. |
| 2023 | 19 Local income tax | 20 Locality name |
| Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return. | | |

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| Copy B - To Be Filed With Employee's FEDERAL Tax Return. | | |

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