55555		a Employee's social security number		For Official Use Only OMB No. 1545-0008					
b Employer identification number (EIN)				1 Wa	ges, tips, other compensation	2 Federa	2 Federal income tax withheld		
c Employer's name, address, and ZIP code				3 So	cial security wages	4 Social security tax withheld			
				5 Me	dicare wages and tips	6 Medicare tax withheld			
				7 So	cial security tips	8 Alloca	ted tips		
d Control number		INFORM	ΔΤΙΟ	Ň		10 Deper	ndent care	benefits	
e Employee's first	name and initia			Sun. 11 Nonquaimed prans			12a See instructions for box 12		
		±	L		utory Retirement Third-party loyee plan sick pay	12b			
				14 Other		12c			
						ہ 12d			
f Employee's add	ress and ZIP cod	le							
15 State Employer's state ID number		ber 16 State wages, tips, et	c. 17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income tax		20 Locality name	
Form W-2 Wage and Tax Statement 2023 Copy A-For Social Security Administration. Send this entire page with Department of the Treasury-Internal Revenue Service For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.									
Form W-3 to the Social Security Administration; photocopies are not acceptable.							Cat. No. 10134D		

Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

Do Not Cut, Fold, or Staple Forms on This Page

55555	a Employee's social security number	OMB No. 154	OMB No. 1545-0008				
b Employer identification number		1 Wa	ges, tips, other compensation	2 Federal income tax withheld			
c Employer's name, address, and		3 So	cial security wages	4 Social security tax withheld			
		-	5 Me	edicare wages and tips	6 Medicare tax withheld		
			7 So	cial security tips	8 Allocated tips		
d Control number	INFORMA	TIOI	VC	ONLY	10 Dependent care benefits		
e Employee's first name and initia	Last name	Suff.		onqualified plans	12a		
			13 Sta emp	tutory Retirement Third-party oloyee plan sick pay	12b		
				ner	12c		
f Employee's address and ZIP cod							
15 State Employer's state ID numb		17 State incom	e tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name		
Form W-2 Wage an	d Tax Statement	202	23	Department o	f the Treasury—Internal Revenue Service		

Copy 1-For State, City, or Local Tax Department

	a Employee's social security number	OMB No. 154	5-0008	Safe, accurate, FAST! Use	r file	Visit the www.irs.	IRS website at gov/efile
b Employer identification number (EIN)				ges, tips, other compensation	2 Federal income tax withheld		
c Employer's name, address, and ZIP code				cial security wages	4 Social security tax withheld		
			5 Me	dicare wages and tips	6 Medica	are tax with	held
			7 So	cial security tips	8 Allocat	ed tips	
d Control number	INFORM		N (ONLY	10 Depen	dent care b	enefits
e Employee's first name and initial	Last name	Suff.	11 No	nqualified plans	12a See ins	structions fo	or box 12
			13 Stat emp	utory Retirement Third-party loyee plan sick pay	e 12b C d e		
			14 Oth	er	12c		
					12d C o d e		
f Employee's address and ZIP coc15 State Employer's state ID numb		17 State incon	ne tax	18 Local wages, tips, etc.	19 Local inco	ome tax	20 Locality name
ļl							
Form W-2 Wage an	d Tax Statement	202	23	Department o	f the Treasury	—Internal F	levenue Service

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