| OMB No.1545-0008   | orm W-2 \   | Wage and 1   | Гах Sta                       | tement 20                                      | 122                                    | I<br>I OMB No. | 1545-0008 <b>F</b> o   | orm W-2                    | Wage and              | Tax St                                | atement                         | 2022                    |  |
|--|---|--|-------------------------------|--|--|----------------|--|----------------------------|-----------------------|---------------------------------------|---------------------------------|-------------------------|--|
| 7 Social security tips   |   |  | 2 Federal income tax withheld |  |  |                |  | 1 Wages, tips, other comp. |                       |                                       | 2 Federal income tax withheld   |                         |  |
| 8 Allocated tips   | 3 Social security wages   |  | 4 Soc                         | 4 Social security tax withheld                 |  |                | ed tips  | 3 Social security wages    |                       | <b>4</b> So                           | 4 Social security tax withheld  |                         |  |
| 9  | 5 Medicare wages and tips   |  | 6 Me                          | 6 Medicare tax withheld                        |  |                |  | 5 Medicar                  | e wages and tips      | 6 Me                                  | 6 Medicare tax withheld         |                         |  |
| c Employer's name, address, a  | and ZIP code  |  |                               |  |  | c Employe      | er's name, address, a  | nd ZIP code                |                       |                                       |                                 |                         |  |
| 10 Dependent care benefits   | 11 Nonqualified plans   |  | <b>12a</b> See                | 12a See instructions for box 12                |  |                | To Dependent care benefits 11  |                            | 11 Nonqualified plans |                                       | 12a See instructions for box 12 |                         |  |
| <b>b</b> Employer identification num   | 12b   | 12b  |                               |  | b Employer identification number (EIN) |                |  | 12b                        |                       |                                       |                                 |                         |  |
| a Employee's social security number  |   |  |                               |  |  |                | a Employee's social security number  |                            |                       |                                       | 12c<br>63                       |                         |  |
| 14 Other   |   |  |                               |  |  |                | 14 Other   |                            |                       |                                       | 12d                             |                         |  |
|  |   |  |                               | tory Retirement Th<br>yes plan sic             | nird-party<br>ck pay                   | <br> <br>      |  |                            |                       | 13 Stat                               | utory Retirement<br>loyee plan  | Third-party<br>sick pay |  |
| e Employee's name, address, and ZIP code   |   |  |                               | Suff.  |  |                | e Employee's name, address, and ZIP code   |                            |                       |                                       |                                 | Sı                      |  |
| 15 State Employer's state ID no. 16 State wages, tips  |   |  | s, etc.                       | etc. 17 State income tax                       |  |                |  |                            |                       | ps, etc. 17 State income tax          |                                 |                         |  |
| 18 Local wages, tips, etc. 19 Local income tax   |   |  | 20 Locality                   | 20 Locality name                               |  |                | 18 Local wages, tips, etc. 19 Local income tax                                     |                            |                       | 20 Locality name                      |                                 |                         |  |
| COPY C For EMPLOYEE' This information is being furnished to required to file a tax return, a negligen on you if this income is taxable and you | the Internal Rever<br>ce penalty or othe<br>ou fail to report it. | ue Service. If you are<br>er sanction may be impos |                               | Dept. of the Trea                              | Employee<br>Copy B.)                   | This info      | To Be filed with e   | shed to the                | Internal Revenue Se   | ervice                                | Dept. of the                    |                         |  |
| OMB No.1545-0008 Form W-2 Wage and T Social security tips 1 Wages, tips, other comp.   |   |  |                               | 2 Federal income tax withheld                  |  |                | OMB No.1545-0008 Form W-2 Wage at 7 Social security tips 1 Wages, tips, other comp |                            |                       | 2 Federal income tax withheld         |                                 |                         |  |
| 8 Allocated tips   | 3 Social sec  | 3 Social security wages                            |                               | 4 Social security tax withheld                 |  |                | d tips   | 3 Social security wages    |                       |                                       | 4 Social security tax withheld  |                         |  |
| 9  | 5 Medicare  | 5 Medicare wages and tips                          |                               | 6 Medicare tax withheld                        |  |                |  | 5 Medicare                 | e wages and tips      | <b>6</b> Me                           | 6 Medicare tax withheld         |                         |  |
| c Employer's name, address, a  | and ZIP code  |  |                               |  |  | c Employe      | er's name, address, ai   | nd ZIP code                |                       |                                       |                                 |                         |  |
| 10 Dependent care benefits   | 11 Nonqual  | ified plans  | <b>12a</b>                    |  |  | !<br>          | dent care benefits   |                            | alified plans         | <b>12a</b>                            |                                 |                         |  |
| b Employer identification number (EIN)   |   |  |                               | <b>12b</b>                                     |  |                | b Employer identification number (EIN)   |                            |                       | <b>12b</b>                            |                                 |                         |  |
| a Employee's social security number  |   |  |                               | 12c  |  |                | l a Employee's social security number  |                            |                       | 12c                                   |                                 |                         |  |
| 14 Other   |   |  |                               | 12d 3 Statistory Regiment Third-party sick pay |  |                | 14 Other   |                            |                       |                                       | 12d                             |                         |  |
| e Employee's name, address,  | , and ZIP code  |  |                               |  | Suff.                                  | e Employ I I I | ee's name, address,  | and ZIP cod                | e                     |                                       |                                 | Su                      |  |
| 15 State Employer's state ID no. 16 State wages, tips  |   |  | s, etc.                       | , etc. 17 State income tax                     |  |                | 15 State Employer's state ID no. 16 State  |                            |                       | vages, tips, etc. 17 State income tax |                                 |                         |  |
| 18 Local wages, tips, etc.   | 19 Local income tax 20  |  | 20 Locality                   | D Locality name                                |  | I 18 Local v   | Local wages, tips, etc. 19 Local income  |                            | come tax              | 20 Locality name                      |                                 |                         |  |

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