

22222		VOID <input type="checkbox"/>	a Employer's social security number	For Official Use Only OMB No. 1545-0008	
b Employer identification number (EIN)		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code		3 Social security wages		4 Social security tax withheld	
		5 Medicare wages and tips		6 Medicare tax withheld	
		7 Social security tips		8 Allocated tips	
d Control number		9		10 Dependent care benefits	
e Employee's first name and initial		Last name		Suff.	
		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee <input type="checkbox"/> Retiree <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code		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	

Form **W-2 Wage and Tax Statement** 2022 Department of the Treasury—Internal Revenue Service
 Copy A—For Social Security Administration. Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable. 41-0852411
Do Not Cut, Fold, or Staple Forms on This Page

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d Control number		9		10 Dependent care benefits	
e Employee's first name and initial		Last name		Suff.	
		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee <input type="checkbox"/> Retiree <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code		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	

Form **W-2 Wage and Tax Statement** 2022 Department of the Treasury—Internal Revenue Service
 Copy A—For Social Security Administration. Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable. 41-0852411 LW2A 5201

d Control number		9		10 Dependent care benefits	
e Employee's name, address, and ZIP code		Last name		Suff.	
		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee <input type="checkbox"/> Retiree <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
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			

Form **W-2 Wage and Tax Statement** 2022 Department of the Treasury—Internal Revenue Service
 Copy 1—For State, City, or Local Tax Department
 Copy D—For Employer. LW2D1 5204

a Employer's name, address, and ZIP code		Last name		Suff.	
		7 Social security tips		8 Allocated tips	
		9		10 Dependent care benefits	
		11 Nonqualified plans		12a Code See inst. for box 12	
		13 Statutory employee		14 Other	
		Retirement plan		15c Code	
		Third-party sick pay		15d Code	
16 State Employer's state ID number		17 State wages, tips, etc.		18 State income tax	
		19 Local wages, tips, etc.		20 Locality name	

Form **W-2 Wage and Tax Statement** 2022 Dept. of the Treasury—IRS
 This information is being furnished to the IRS. 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.

a Employer's name, address, and ZIP code		Last name		Suff.	
		7 Social security tips		8 Allocated tips	
		9		10 Dependent care benefits	
		11 Nonqualified plans		12a Code	
		13 Statutory employee		14 Other	
		Retirement plan		15c Code	
		Third-party sick pay		15d Code	
16 State Employer's state ID number		17 State wages, tips, etc.		18 State income tax	
		19 Local wages, tips, etc.		20 Locality name	

Form **W-2 Wage and Tax Statement** 2022 Dept. of the Treasury—IRS
 L1LUP 5205

Where to File
 Send all information returns filed on paper with Form 1096 to the following:
 If your principal business, office or agency, or legal residence in the case of an individual, is located in:
 Alabama, Arizona, Arkansas, Delaware, Florida, Georgia, Kentucky, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Texas, Vermont, Virginia
 Internal Revenue Service
 P.O. Box 146213
 Austin, TX 78714-6213

For more information and the Privacy Act and Paperwork Reduction Act Notice, see the 2022 General Instructions for Certain Information Returns. L1096 41-0852411 5100 Form 1096 (2022)

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	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory employee <input type="checkbox"/> Retiree <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
14 Other		12c	
		12d	
18 Local wages, tips, etc.		19 Local income tax	
		20 Locality name	

Department of the Treasury—Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

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	
7 Social security tips		8 Allocated tips	

1 Wages, tips, other compensation		2 Federal income tax withheld	
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Department of the Treasury—Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.
 LW2D1 5204

1 Wages, tips, other comp.		2 Federal income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	

Department of the Treasury—Internal Revenue Service
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1 Wages, tips, other comp.		2 Federal income tax withheld	
3 Social security wages		4 Social security tax withheld	
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Department of the Treasury—IRS

1 Wages, tips, other comp.		2 Federal income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	

Department of the Treasury—IRS

Transmittal of Returns OMB No. 1545-0108
 2022

Federal income tax withheld		\$	
Total amount reported with this Form 1096		\$	
1099-C 02	1099-CAP 73	1099-DIV 91	1099-GR 96
1099-INT 92	1099-K 10	1099-LB 16	
1099-EB 43	3921 25	3922 26	5498-ESA 72
5498-CA 2A	5498-GA 2A	5498-SA 2A	5498-SB 2A

Photocopies are not acceptable. Box 6, to the IRS in a flat mailer (not folded).

and, to the best of my knowledge and belief, they are true, correct, and complete.

Title _____ Date _____

If the filer's name, address (including room, suite, or other unit number), and taxpayer identification number (TIN) in the spaces above do not match the name, address, and TIN of the filer on this form, the filer must file Form 1096 as follows:
 Forms 1097, 1098, 1099, 3921, 3922, or W-2G, file by February 28, 2023.
 Forms 1099-NEC, file by January 31, 2023.
 Forms 5498, file by May 31, 2023.

Send all information returns filed on paper with Form 1096 to the following:

If your principal business, office or agency, or legal residence in the case of an individual, is located in:

Alabama, Arizona, Arkansas, Delaware, Florida, Georgia, Kentucky, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Texas, Vermont, Virginia

Internal Revenue Service
 P.O. Box 146213
 Austin, TX 78714-6213

MANUFACTURED ON COOL LASER BOND PAPER USING HEAT-RESISTANT INKS