	a Employee's social security number			Safe, accurate,		■ Visit the	IRS website at
	, ,	OMB No. 1545	-0008	FAST! Use	rfile		s.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 Med	dicare wages and tips	6 Medica	are tax with	hheld
			7 Soc	cial security tips	8 Allocat	ted tips	
d Control number			9		10 Depen	dent care l	oenefits
e Employee's first name and initial Last name Suff.			11 Nor	nqualified plans	12a See in	12a See instructions for box 12	
			13 Statu empl	utory Retirement Third-party loyee plan sick pay	12b		
			14 Oth	er	12c		
					12d C d e		
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 inco	ome tax	20 Locality name
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Copy B—To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

	a Employee's social security number	OMB No. 154	5-0008	Safe, accurate, FAST! Use	Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN)			1 Wag	ges, tips, other compensation	2 Federal income tax withheld		
c Employer's name, address, and ZIP code			3 Soc	cial security wages	4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Soc	cial 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 Retirement plan Third-party sick pay		12b		
			14 Other		12c		
					12d		
f Employee's address and ZIP code							
15 State Employer's state ID numb	er 16 State wages, tips, etc.	17 State incom	ne tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name		

Form **W-2** Wage and Tax Statement



Department of the Treasury-Internal Revenue Service