

|  |  |   |                                 |   |                                 |   |  |
|--|--|---|---------------------------------|---|---------------------------------|---|--|
| 22222  |  | VOID <input type="checkbox"/>           |                                 | a Employee's social security number<br>123-45-6789  |                                 | For Official Use Only<br>OMB No. 1545-0008          |  |
| b Employer identification number (EIN)<br>12-1234567   |  |   |                                 | 1 Wages, tips, other compensation<br>50,000.00  |                                 | 2 Federal income tax withheld<br>4,092.00           |  |
| c Employer's name, address, and ZIP code<br><br>Bruce Wayne Inc.<br>1 Gotham Street<br>New York, NY<br>10001 |  |   |                                 | 3 Social security wages<br>50,000.00  |                                 | 4 Social security tax withheld<br>3,100.00          |  |
|  |  |   |                                 | 5 Medicare wages and tips<br>50,000.00  |                                 | 6 Medicare tax withheld<br>725.00                   |  |
|  |  |   |                                 | 7 Social security tips  |                                 | 8 Allocated tips                                    |  |
| d Control number   |  |   |                                 | 9   |                                 | 10 Dependent care benefits                          |  |
| e Employee's first name and initial<br>Harvey  |  | Last name<br>Dent                       |                                 | Suff.   |                                 | 11 Nonqualified plans                               |  |
| 24 Two Face St<br>New York, NY<br>10024  |  |   |                                 | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> |                                 | 12a See instructions for box 12<br>C<br>o<br>d<br>e |  |
|  |  |   |                                 | 14 Other  |                                 | 12b<br>C<br>o<br>d<br>e                             |  |
|  |  |   |                                 |   |                                 | 12c<br>C<br>o<br>d<br>e                             |  |
|  |  |   |                                 |   |                                 | 12d<br>C<br>o<br>d<br>e                             |  |
| f Employee's address and ZIP code  |  |   |                                 |   |                                 |   |  |
| 15 State<br>NY   | Employer's state ID number<br>12-3456789 | 16 State wages, tips, etc.<br>50,000.00 | 17 State income tax<br>1,040.88 | 18 Local wages, tips, etc.<br>50,000.00   | 19 Local income tax<br>1,250.00 | 20 Locality name<br>New York                        |  |

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

2023

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

Copy A—For Social Security Administration. Send this entire page with  
Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

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