

22222		a Employee's social security number xxx-xx-xxxx		OMB No. 1545-0008			
b Employer identification number (EIN) 38-1775632				1 Wages, tips, other compensation \$60,405.33		2 Federal income tax withheld \$6,184.15	
c Employer's name, address, and ZIP code Conscious Consulting LLC 2800 Euclid Ave suite 500-a Cleveland, OH 44115				3 Social security wages \$60,405.33		4 Social security tax withheld \$3,307.13	
				5 Medicare wages and tips \$60,405.33		6 Medicare tax withheld \$713.29	
				7 Social security tips \$60,405.33		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial Alice		Last name Wright		Suff.		11 Nonqualified plans	
101 Polk St. Apt #312 Cleveland, OH 44101		SUP		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12a C o d e	
				14 Other		12b C o d e	
				12c C o d e			
f Employee's address and ZIP code						12d C o d e	
15 State OH	Employer's state ID number 12-3456789	16 State wages, tips, etc. \$60,405.33	17 State income tax \$3,407.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2023

Department of the Treasury—Internal Revenue Service