	55555	a Employee's social security number							
		xxx-xx-xxxx	OMB No. 1545-0008						
b Employer identification number (EIN)				1 Waq	1 Wages, tips, other compensation 2 Federal income tax withheld				
38-1775632					\$60,405.33 \$6,184.15				
c Employer's name, address, and ZIP code				3 Soc	3 Social security wages 4 Social security tax withheld				
Conscious Consulting LLC				\$60,405.33 \$3,307.13					
2800 Euclid Ave suite 500-a				5 Medicare wages and tips			6 Medicare tax withheld		
Cleveland, OH 44115					\$60,405.33			\$713.29	
				7 Social security tips			8 Allocated tips		
					\$60,405.33	3			
d Control number				9 10 Dependent care benefits					
e Emple	oyee's first name and initial	Last name	Suff.	11 No	nqualified plans	12a			
Alice		Wright				d e			
101 Polk St. Apt #312				13 State	utory Retirement Third-party loyee plan sick pay	12b			
Cleveland, OH 44101						o d e			
			14 Oth	er	12c				
					d e				
					12d				
SUP						d e			
f Employee's address and ZIP code									
15 State	Employer's state ID numb	er 16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Lo	cal income tax	20 Locality name	
ОН	12-3456789	\$60,405.33	\$3	,407.00					

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

Copy 1-For State, City, or Local Tax Department

5053

Department of the Treasury-Internal Revenue Service