

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 Last name Suff. Alice Wright 101 Polk St. Apt #312 Cleveland, OH 44101			11 Nonqualified plans		12a C o o d e		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o d e		
			14 Other		12c C o o d e		
					12d C o o 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 income tax	20 Locality name	
OH	12-3456789	\$60,405.33	\$3,407.00				

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

2023

Department of the Treasury—Internal Revenue Service