Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008							
a Employee's soc. sec. n	О.	1 Wages, tips, other	comp.	2 Federal income tax withheld			
121-72-0065		5253	9.59	542.66			
121-72-0003		3 Social security was	es	4 Social security tax withheld			
b Employer ID number (E	IN)	5407		3352.88			
03-0219309		5 Medicare wages ar	d tips	6 Medicare tax withheld			
			8.73	784.14			
c Employer's name, addr University o			al Cen	ter, Inc.			
111 Colchest	er A	ve					
Burlington	77T' O	5401					
Burlington, VT 05401							
10-4-1							
d Control number							
e Employee's name, add Ramona Adams		nd ZIP code					
408 Jasmine	Cove	circle					
Simpsonville, SC 29680							
211112301141116	, 50	2 2 3 0 0 0					
7 Social security tips		8 Allocated tips		9			
10 Dependent care benefi	10 Dependent care benefits 11			12a Code See inst. for box 12			
				C 68.22			
13 Statutory employee 1	13 Statutory employee 14 Other						
	Ur	nionDues 5	530.61	E 1539.14			
Retirement plan X	12c Code DD 75						
Third-party sick pay				12d Code			
00 111115105				1151 00			
SC 111115105			39.59	1451.30			
15 State Employer's state				17 State income tax			
18 Local wages, tips, etc.		19 Local income tax		20 Locality name			

Form W-2 Wage and Tax Statement 2024 This information is being furnished to the Internal Revenue Service. Dept. of the Treasury - IRS

Copy 2—To Be File City, or Local Inco				State,		OMB No. 1545-0008		
a Employee's soc. sec.				ther comp.	2	Federal income tax withheld		
		52539.59		-	542.66			
121-72-0065		3 Social security wages			4	4 Social security tax withheld		
b Employer ID number	(EIN)			4078.73		3352.88		
		5 Medicare wages and tips			6	6 Medicare tax withheld		
03-0219309		54078.73				784.14		
c Employer's name, ad University				dical Ce	nt	er, Inc.		
111 Colches	ter A	Ave						
Burlington,	VT (054	01					
d Control number								
e Employee's name, ac Ramona Adam 408 Jasmine Simpsonvill	s Cov	e C	ircle					
7 Social security tips		8 Allocated tips			9			
10 Dependent care bene	efits	11 N	onqualified	plans		ta Code C 68.22		
13 Statutory employee 14 Other			nDues	530.61	10.7	tb Code E 1539.14		
Retirement plan X						Cc Code DD 75.46		
Third-party sick pay					12	d Code		
sc 11111510				52539.5	-	1451.30		
		nber 16 State wages, tips, etc.			17 State income tax			
18 Local wages, tips, etc.		19 Local income tax				20 Locality name		

Form W-2 Wage and Tax Statement

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

2024

Dept. of the Treasury - IRS

OMB No. 1545-0008

Copy C-For EMP Notice to Employee				ON	1B No. 1545-0008		
a Employee's soc. sec.			, other comp.	2 Federa	I income tax withheld		
121-72-0065			52539.59		542.66		
		3 Social secu	rity wages	4 Social	security tax withheld		
b Employer ID number	(EIN)		54078.73		3352.88		
03-0219309		5 Medicare w	ages and tips 54078.73	6 Medic	6 Medicare tax withheld 784.14		
c Employer's name, add University			edical Cer	iter,	Inc.		
111 Colchest	ter A	Ave					
Burlington,	VT (05401					
d Control number							
Simpsonvill 7 Social security tips	e, S	C 29680	ps	9			
10 Dependent care bene	fits	11 Nonqualifie	d plans	12a Code See inst. for box 12 C 68.22			
13 Statutory employee	14 Oth	er .		12b Code	745070 2010/7419		
otatutory employee		nionDues	530.61	E	1539.14		
Retirement plan X				12c Code DD	75.46		
Third-party sick pay				12d Code			
sc 11111510	5		52539.59)	1451.30		
15 State Employer's state				17 Sta	te income tax		
18 Local wages, tips, etc	3 .	19 Local incor	ne tax	20 Locali	ty name		

	City, or Local Income Tax Return								
a Emp	loyee's soc. sec.	no.	1 Wages, tips	, other comp.	2 Federal income tax withheld				
12	1-72-0065			52539.59	542.66				
			3 Social secu		4 Social security tax withheld				
b Emp	loyer ID number (EIN)		54078.73		3352.88			
03	3-0219309			ages and tips	6 Medicare tax withheld				
				54078.73		784.14			
	loyer's name, add			edical Cer	nter, In	nc.			
11	1 Colchest	er A	ve						
Burlington, VT 05401									
d Con	trol number								
e Emp	oloyee's name, ad mona Adam	dress, a	nd ZIP code						
40	8 Jasmine	Cove	e Circle						
Simpsonville, SC 29680									
7 Soci	ial security tips		8 Allocated ti	ps	9				
10 Dep	endent care bene	fits							
		1110	11 Nonqualifie	d plans	12a Code				
			11 Nonqualifie	d plans	12a Code C	68.22			
13 Stat	utory employee	14 Othe	er	d plans	C 12b Code				
	,p,	14 Othe	2	530.61	C 12b Code E	68.22 1539.14			
	tirement plan	14 Othe	er		C 12b Code E 12c Code	1539.14			
Ret	tirement plan	14 Othe	er		C 12b Code E 12c Code DD				
Ret	tirement plan	14 Othe	er		C 12b Code E 12c Code	1539.14			
Ret	tirement plan X -party sick pay	14 Othe	er	530.61	C 12b Code E 12c Code DD 12d Code	1539.14 75.46			
Ret Third	tirement plan X -party sick pay	14 Other	er nionDues	530.61	C 12b Code E 12c Code DD 12d Code	1539.14 75.46 1451.30			
Third-	tirement plan X -party sick pay 11111510 Employer's stat	14 Othe Ur 5 e ID nun	er nionDues	530.61 52539.59 wages, tips, etc.	C 12b Code E 12c Code DD 12d Code	1539.14 75.46 1451.30			
Third-	tirement plan X -party sick pay	14 Othe Ur 5 e ID nun	er nionDues	530.61 52539.59 wages, tips, etc.	C 12b Code E 12c Code DD 12d Code	1539.14 75.46 1451.30			

Form W-2 Wage and Tax Statement

2024

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