| | a Employee's social | security number | | | | | | | |
|---|----------------------------|----------------------------|----|-----------------------------------|--------------------|----------------------|---------------------------------|------------------|--|
| | 17-14-5836 | | ОМ | MB No. 1545-0008 | | | | | |
| b Employer identification number (EIN) | | | | 1 Wages, tips, other compensation | | | 2 Federal income tax withheld | | |
| 23-1902241 | | | | \$134,119.00 | | | \$46,941.65 | | |
| c Employer's name, address and ZIP code | | | | 3 Social security wages | | | 4 Social security tax withheld | | |
| | | | | \$143,507.33 | | | \$35,876.83 | | |
| Zegura | | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | |
| 12344 W 4th St | | | | \$143,507.33 | | | \$44,487.27 | | |
| Belle Haven, IL 99552 | | | | 7 Social security tips | | | 8 Allocated tips | | |
| | | | | \$2,870.15 | | | \$832.34 | | |
| | | | | | | | | | |
| d Control number | | | | 9 | | | 10 Dependent care benefits | | |
| EF606733 | | | | | | | | | |
| e Employee's first name and initial Last name Suff. | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | |
| Jamie T Soysal 83627 Lincoln St | | | | 13 Statutory employee | Retirement Plan | Third-party sick pay | 12b | | |
| Apt 413 | | | | 14 Other | | | 12c | | |
| • | | | | | | | | | |
| Edinburg, IN 54426 | | | | | | | 12d | | |
| f Employee's address and zip code | | | | | | | | | |
| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 | 7 State income tax | 18 Local wages | s, tips, etc | 19 Local income tax | 20 Locality name | |
| IL | 23-1902241 \$134,119.00 | | | \$24,141.42 \$134,119.00 | | \$6,705.95 | Belle Haven | | |
| | | | | | | | | | |