

<b>22222</b>		Void <input type="checkbox"/>	a Employee's social security number 867-73-1551		For Official Use Only ► OMB No. 1545-0008				
b Employer identification number (EIN) 36-4147946					1 Wages, tips, other compensation 59611.00		2 Federal income tax withheld 4622.73		
c Employer's name, address, and ZIP code ADVANCED MEDICAL SUPPLY, INC  3322 N MILWAUKEE AVE  CHICAGO IL 60641					3 Social security wages 59611.00		4 Social security tax withheld 3695.88		
					5 Medicare wages and tips 59611.00		6 Medicare tax withheld 864.36		
					7 Social security tips		8 Allocated tips		
d Control number					9		10 Dependent care benefits		
e Employee's first name and initial ALEKSEI			Last name UMANSKII		Suff		11 Nonqualified plans		
f Employee's address and ZIP code  637 E PENNSYLVANIA DR. #2 PALATINE IL 60074					13 Statutory employee Retirement plan Third-party sick pay		12a See instructions for box 12		
					14 Other		12b		
							12c		
							12d		
15 State Employer's state ID number IL 36-4147946 000		16 State wages, tips, etc. 59611.00		17 State income tax 2951.97		18 Local wages, tips, etc.		19 Local income tax	
								20 Locality name	

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

**2024**  
0000/ 1030D

Department of the Treasury - Internal Revenue Service  
For Privacy Act and Paperwork Reduction  
Act Notice, see the separate instructions.

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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	
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Black-and-White Form W-2 (Revised 08/24)

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