

22222	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	12b		
		14 Other	12c		
			12d		
f Employee's address and ZIP code					
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

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

2024
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Department of the Treasury - Internal Revenue Service
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b Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld	
c Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld	
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W-2 Wage and Tax Statement
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Black-and-White Form W-2 (Revised 08/24)

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