

2024 W-2 and EARNINGS SUMMARY



Employee Reference Copy
W-2 Wage and Tax Statement
2024

OMB No. 1545-0008

Copy C for employee's records.
d Control number 000038 K5/LIR Dept Corp. Employer use only 7

c Employer's name, address, and ZIP code
MIND BODY SPIRIT LLC
11654 PLAZA AMERICA DR 137
RESTON, VA 20190 4700

Batch #99741

e/f Employee's name, address, and ZIP code
KARIN MEIXNER
1107 AMANDA DRIVE
GREAT FALLS, VA 22066

b	Employer's FED ID number 06-1726081	a	Employee's SSA number XXX-XX-5509	
1	Wages, tips, other comp. 1121.32	2	Federal income tax withheld	
3	Social security wages 1121.32	4	Social security tax withheld 69.52	
5	Medicare wages and tips 1121.32	6	Medicare tax withheld 16.26	
7	Social security tips	8	Allocated tips	
9		10	Dependent care benefits	
11	Nonqualified plans	12a	See instructions for box 12	
14	Other	12b		
		12c		
		12d		
		13	Stat emp Ret plan 3rd party sick pay	
5	State VA	Employer's state ID no. 30061726081F001	16	State wages, tips, etc. 1121.32
7	State income tax		18	Local wages, tips, etc.
9	Local income tax		20	Locality name

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	VA, State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	1,121.32	1,121.32	1,121.32	1,121.32
Reported W-2 Wages	1,121.32	1,121.32	1,121.32	1,121.32

2. Employee Name and Address.

KARIN MEIXNER
1107 AMANDA DRIVE
GREAT FALLS, VA 22066

© 2024 ADP, Inc.

5- Fold and Detach Here

1	Wages, tips, other comp. 1121.32	2	Federal income tax withheld
3	Social security wages 1121.32	4	Social security tax withheld 69.52
5	Medicare wages and tips 1121.32	6	Medicare tax withheld 16.26
d	Control number 000038 K5/LIR	Dept.	Employer use only A 7
c	Employer's name, address, and ZIP code MIND BODY SPIRIT LLC 11654 PLAZA AMERICA DR 137 RESTON, VA 20190 4700		

b	Employer's FED ID number 06-1726081	a	Employee's SSA number XXX-XX-5509
7	Social security tips	8	Allocated tips
9		10	Dependent care benefits
11	Nonqualified plans	12a	See instructions for box 12
14	Other	12b	
		12c	
		12d	
13	Stat emp	Ret. plan	3rd party sick pay
e/f	Employee's name, address and ZIP code KARIN MEIXNER 1107 AMANDA DRIVE GREAT FALLS, VA 22066		

15	State VA	Employer's state ID no. 30061726081F001	16	State wages, tips, etc. 1121.32
17	State income tax		18	Local wages, tips, etc.
19	Local income tax		20	Locality name

Federal Filing Copy
W-2 Wage and Tax Statement
2024

Copy B to be filed with employee's Federal Income Tax Return.

1	Wages, tips, other comp. 1121.32	2	Federal income tax withheld
3	Social security wages 1121.32	4	Social security tax withheld 69.52
5	Medicare wages and tips 1121.32	6	Medicare tax withheld 16.26
d	Control number 000038 K5/LIR	Dept.	Employer use only A 7
c	Employer's name, address, and ZIP code MIND BODY SPIRIT LLC 11654 PLAZA AMERICA DR 137 RESTON, VA 20190 4700		

b	Employer's FED ID number 06-1726081	a	Employee's SSA number XXX-XX-5509
7	Social security tips	8	Allocated tips
9		10	Dependent care benefits
11	Nonqualified plans	12a	
14	Other	12b	
		12c	
		12d	
13	Stat emp	Ret. plan	3rd party sick pay
e/f	Employee's name, address and ZIP code KARIN MEIXNER 1107 AMANDA DRIVE GREAT FALLS, VA 22066		

15	State VA	Employer's state ID no. 30061726081F001	16	State wages, tips, etc. 1121.32
17	State income tax		18	Local wages, tips, etc.
19	Local income tax		20	Locality name

VA, State Reference Copy
W-2 Wage and Tax Statement
2024

Copy 2 to be filed with employee's State Income Tax Return.

1	Wages, tips, other comp. 1121.32	2	Federal income tax withheld
3	Social security wages 1121.32	4	Social security tax withheld 69.52
5	Medicare wages and tips 1121.32	6	Medicare tax withheld 16.26
d	Control number 000038 K5/LIR	Dept.	Employer use only A 7
c	Employer's name, address, and ZIP code MIND BODY SPIRIT LLC 11654 PLAZA AMERICA DR 137 RESTON, VA 20190 4700		

b	Employer's FED ID number 06-1726081	a	Employee's SSA number XXX-XX-5509
7	Social security tips	8	Allocated tips
9		10	Dependent care benefits
11	Nonqualified plans	12a	
14	Other	12b	
		12c	
		12d	
13	Stat emp	Ret. plan	3rd party sick pay
e/f	Employee's name, address and ZIP code KARIN MEIXNER 1107 AMANDA DRIVE GREAT FALLS, VA 22066		

15	State VA	Employer's state ID no. 30061726081F001	16	State wages, tips, etc. 1121.32
17	State income tax		18	Local wages, tips, etc.
19	Local income tax		20	Locality name

VA, State Filing Copy
W-2 Wage and Tax Statement
2024

Copy 2 to be filed with employee's State Income Tax Return.