

22222		a Employee's social security number 767-32-3233		OMB No. 1545-0008			
b Employer identification number (EIN) 6757587-E3				1 Wages, tips, other compensation 355000		2 Federal income tax withheld 125600	
c Employer's name, address, and ZIP code FBIologic, 24 Bridge Rd VA 14431				3 Social security wages 355000		4 Social security tax withheld 12300	
				5 Medicare wages and tips 355000		6 Medicare tax withheld 13200	
				7 Social security tips 0		8 Allocated tips 0	
d Control number 43432342112121122-24HH				9		10 Dependent care benefits 0	
e Employee's first name and initial Last name Suff. Wayne D Gatsby 87 Walter Ave, Scotia NY 12804				11 Nonqualified plans 0		12a C o d e	
				13 Statutory employee Retirement plan Third-party sick pay <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b C o d e	
				14 Other		12c C o d e	
						12d C o d e	
f Employee's address and ZIP code							
15 State Employer's state ID number NY 658758768786		16 State wages, tips, etc. 355,000		17 State income tax 15000		18 Local wages, tips, etc. 355000	
						19 Local income tax 8000	
						20 Locality name SRT VO	

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

**2023**

Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department