

# Form W-2 Wage and Tax Statement 2024

a. Employee's SSN: XXX-XX-8923

b. Employer ID (EIN):

12-3456789

c. Employer name, address:

Regional Healthcare System

1000 Health Way, Lakewood, CO 80226

1. Wages, tips, other comp.

\$82000.00

2. Federal income tax withheld

\$18040.00

3. Social security wages

\$82000.00

4. Social security tax withheld

\$5084.00

5. Medicare wages and tips

\$82000.00

6. Medicare tax withheld

\$1189.00

e. Employee name and address:

Rachel Turner

123 Test Address St

Denver, CO 80202