

# Form W-2 Wage and Tax Statement 2024

a. Employee's SSN: XXX-XX-4444

b. Employer ID (EIN):  
23-4567890

c. Employer name, address:  
Healthcare Partners LLC  
500 Medical Center Dr, Aurora, CO 80010

1. Wages, tips, other comp.

\$95000.00

2. Federal income tax withheld

\$20900.00

3. Social security wages

\$95000.00

4. Social security tax withheld

\$5890.00

5. Medicare wages and tips

\$95000.00

6. Medicare tax withheld

\$1377.50

e. Employee name and address:

Sarah Williams  
123 Test Address St  
Denver, CO 80202