

Form W-2 Wage and Tax Statement 2024

a. Employee's SSN: XXX-XX-4589

b. Employer ID (EIN):
78-9012345

c. Employer name, address:

Aurora Medical Center
1501 S Potomac St, Aurora, CO 80012

1. Wages, tips, other comp.

\$72000.00

2. Federal income tax withheld

\$15840.00

3. Social security wages

\$72000.00

4. Social security tax withheld

\$4464.00

5. Medicare wages and tips

\$72000.00

6. Medicare tax withheld

\$1044.00

e. Employee name and address:

Melissa Roberts
123 Test Address St
Denver, CO 80202