

# Form W-2 Wage and Tax Statement 2024

a. Employee's SSN: XXX-XX-9999

b. Employer ID (EIN):  
67-8901234

c. Employer name, address:

City Hospital

1500 Health Blvd, Denver, CO 80206

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:

Lisa Thompson

123 Test Address St

Denver, CO 80202