

22222		a Employee's social security number 75395184613		OMB No. 1545-0008			
b Employer identification number (EIN) 4963147952				1 Wages, tips, other compensation \$100.00		2 Federal income tax withheld \$500.00	
c Employer's name, address, and ZIP code John Stiles 100 Main Street, Anytown, USA				3 Social security wages \$1000.00		4 Social security tax withheld \$100.00	
				5 Medicare wages and tips \$500.00		6 Medicare tax withheld \$5000.00	
				7 Social security tips \$500.00		8 Allocated tips \$150.00	
d Control number 753951852				9		10 Dependent care benefits \$5000.00	
e Employee's first name and initial Amav		Last name Desai		Suff. M		11 Nonqualified plans \$500.00	
123 Any Street, Any Town, USA				13 Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a A \$500.00	
						12b C \$1500.00	
						12c A \$500.00	
				14 Other NA		12d B \$1000.00	
f Employee's address and ZIP code							
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
Any Town 7414568313		\$50.00		\$500.00		\$100.00	
						19 Local income tax \$550.00	
						20 Locality name Any Town	

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2022

Department of XYZ Organization