

This copy does not include state or local tax information.

<input type="checkbox"/> CORRECTED	<b>a</b> Employee's social security number XXX-XX-6491	OMB No. 1545-0008				
<b>b</b> Employer identification number (EIN) XX-XXX0749		<b>1</b> Wages, tips, other compensation \$11273.00	<b>2</b> Federal income tax withheld \$86.00			
<b>c</b> Employer's name, address, and ZIP code CITY OF EL PASO TEXAS P.O. BOX 1890, OFFICE OF THE COMPTROL EL PASO, TX 79950-null		<b>3</b> Social security wages \$11273.00	<b>4</b> Social security tax withheld \$698.00			
		<b>5</b> Medicare wages and tips \$11273.00	<b>6</b> Medicare tax withheld \$163.00			
		<b>7</b> Social security tips	<b>8</b> Allocated tips			
<b>d</b> Control number		<b>9</b>	<b>10</b> Dependent care benefits			
<b>e</b> Employee's first name and initial Last name Suff. VIANNEY CHAIREZ		<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12			
<b>f</b> Employee's address and ZIP code 12331 CHIANTI EL PASO, TX 79928-0000		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third Party sick pay <input type="checkbox"/>	<b>12b</b>			
		<b>14</b> Other	<b>12c</b>			
		<b>12d</b>				
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State Income tax	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	<b>20</b> Locality name

Form **W-2** Wage and Tax Statment **2024**

**Copy A – For Social Security Administration.**  
Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

Department of the Treasury—Internal Revenue Service  
**For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.**

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