

a Employee's social security number
000-11-4897

OMB No. 1545-0029

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Visit the IRS website at
www.irs.gov/efile.

b Employer identification number (EIN) 00-0560334		1 Wages, tips, other compensation 200.00	2 Federal income tax withheld 300.00			
c Employer's name, address, and ZIP code Smith, Hills and Sporer 073 Natividad Hollow North Gail, AR 06420 555-867-5309		3 Social security wages 400.00	4 Social security tax withheld 500.00			
		5 Medicare wages and tips 600.00	6 Medicare tax withheld 700.00			
		7 Social security tips 800.00	8 Allocated tips 900.00			
		9	10 Dependent care benefits 1000.00			
e Employee's first name and initial Kamala		Last name Leffler	Suff.			
			11 Nonqualified plans 1100.00			
			13 Statutory employee <input checked="" type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input checked="" type="checkbox"/>			
			14 Other Description 1500.00			
f Employee's address and ZIP code 92991 Wolff Meadows Roxaneberg, RI 20086						
15 State AA	Employer's state ID number 62-554759	16 State wages, tips, etc. 1700.00	17 State income tax 1600.00	18 Local wages, tips, etc. 1900.00	19 Local income tax 1800.00	20 Locality name Elialand

Form **W-2 Wage and Tax Statement**

2025

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.