


		a Employee's social security number 000-52-0507		OMB No. 1545-0029		Safe, accurate, FAST! Use				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					
d Control number 17264-86672-91304				9		10 Dependent care benefits 1000.00					
e Employee's first name and initial Margart 3198 Tangela Fields New Elbertland, PA 52215				11 Nonqualified plans 1100.00		12a See instructions for box 12 T 1400					
				13 Statutory employee <input checked="" type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input checked="" type="checkbox"/>		12b					
				14 Other Description 1500.00		12c					
						12d					
f Employee's address and ZIP code											
15 State AA		Employer's state ID number 13-265875		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 Lake Brend.			

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.