

a Employee's social security number
000-57-0375

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			
d Control number 60317-91934-22423	9	10 Dependent care benefits 1000.00			
e Employee's first name and initial Numbers Last name Sawayn 7433 Medhurst Grove South Donetta, WI 28540	Suff. 11 Nonqualified plans 1100.00	12a See instructions for box 12 V 1400			
	13 Statutory employee <input checked="" type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input checked="" type="checkbox"/>	12b <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>			
	14 Other Description 1500.00	12c <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>			
		12d <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>			
f Employee's address and ZIP code					
15 State Employer's state ID number AA 69-804273	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 New Dwight

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.

ISSUER