

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](http://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 Last name Adams  3198 Tangela Fields New Elbertland, PA 52215	Suff.  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  12c  12d			
f Employee's address and ZIP code	14 Other  Description 1500.00				
15 State Employer's state ID number AA   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.

ISSUER