


		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 f Employee's address and ZIP code				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					
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