


		a Employee's social security number 000-11-4897		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 91977-11024-28763				9		10 Dependent care benefits 1000.00					
e Employee's first name and initial Kamala		Last name Leffler		Suff.		11 Nonqualified plans 1100.00		12a See instructions for box 12 C o d e M 1400			
92991 Wolff Meadows Roxaneberg, RI 20086						13 Statutory employee Retirement plan Third-party sick pay <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		12b C o d e			
						14 Other Description 1500.00		12c C o d e			
								12d C o d e			
f Employee's address and ZIP code											
15 State Employer's state ID number AA 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.