a Employee's social security number 000-11-4897	OMB No. 1545-0029	Safe, accurate, FAST! Use	IRS e-file	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 Code M 1400
92991 Wolff Meadows **Roxaneberg, RI 20086**	13 Statutory employee [X] Retirement plan [X] Third-party sick pay [X]	12b Code
	14 Other **Description 1500.00**	12c Code
		12d Code
f Employee's address and ZIP code		

15 State AA	Employer's state ID number 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.