

W-2

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**Form W-2 Wage & Tax Statement 2022**  
**Copy B - To Be Filed With Employee's FEDERAL Tax Return.**

This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

<b>a</b> Employee's social security number 23 -45 -67891		<b>1</b> Wages, tips, other compensation 23957.23		<b>2</b> Federal income tax withheld 0.00		
<b>c</b> Employer's name, address, and ZIP code XYZ Medical Inc 841 Prudential Dr Ste 204 Jacksonville, FL 32207		<b>3</b> Social security wages 25255.80		<b>4</b> Social security tax withheld 1565.86		
		<b>5</b> Medicare wages and tips 25255.80		<b>6</b> Medicare tax withheld 366.21		
		<b>7</b> Social security tips 0.00		<b>8</b> Allocated tips 0.00		
<b>b</b> Employer identification number (EIN) 22-22-22		<b>9</b>		<b>10</b> Dependent care benefits 99.94		
<b>e</b> Employee's name, address, and ZIP code John Doe 123 Main St Jacksonville, FL 32207		<b>11</b> Nonqualified plans 0.00		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		
		<b>12</b> See instructions for box 12 D 1298.57 DD 5066.73		<b>14</b> Other		
<b>15</b> State AL	<b>Employer's state ID No.</b> R009080141	<b>16</b> State wages, tips, etc. 23957.23	<b>17</b> State income tax 819.40	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name

**Form W-2 Wage & Tax Statement 2022**  
**Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.**

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

<b>a</b> Employee's social security number 123 -45 -6789		<b>1</b> Wages, tips, other compensation 23957.23		<b>2</b> Federal income tax withheld 0.00	
<b>c</b> Employer's name, address, and ZIP code XYZ Medical Inc 841 Prudential Dr Ste 204 Jacksonville, FL 32207		<b>3</b> Social security wages 25255.80		<b>4</b> Social security tax withheld 1565.86	
		<b>5</b> Medicare wages and tips 25255.80		<b>6</b> Medicare tax withheld 366.21	
		<b>7</b> Social security tips 0.00		<b>8</b> Allocated tips 0.00	
<b>b</b> Employer identification number (EIN) 22-111111		<b>9</b>		<b>10</b> Dependent care benefits 99.94	
<b>e</b> Employee's name, address, and ZIP code John H. Doe owner 123 Teardrive Jacksonville, FL 32207		<b>11</b> Nonqualified plans 0.00		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
		<b>12</b> See Instructions for box 12 D 1298.57 DD 5066.73		<b>14</b> Other	
<b>15</b> State AL	Employer's state ID No. R009080141	<b>16</b> State wages, tips, etc. 23957.23	<b>17</b> State income tax 819.40	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax
<b>20</b> Locality name					

**Form W-2 Wage & Tax Statement 2022**  
**Copy C-For EMPLOYER'S RECORDS.**

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

<b>a</b> Employee's social security number 123-45-67891		<b>1</b> Wages, tips, other compensation 23957.23		<b>2</b> Federal income tax withheld 0.00	
<b>c</b> Employer's name, address, and ZIP code  XYZ Medical Inc Prudential Dr Ste 204 Jacksonville, FL 32207 USA		<b>3</b> Social security wages 25255.80		<b>4</b> Social security tax withheld 1565.86	
		<b>5</b> Medicare wages and tips 25255.80		<b>6</b> Medicare tax withheld 366.21	
		<b>7</b> Social security tips 0.00		<b>8</b> Allocated tips 0.00	
<b>b</b> Employer identification number (EIN) 22-1111111		<b>9</b>		<b>10</b> Dependent care benefits 99.94	
<b>e</b> Employee's name, address, and ZIP code John Doe 123 Test Drive, AL 35023		<b>11</b> Nonqualified plans 0.00		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
		<b>12</b> See Instructions for box 12 D 1298.57 DD 5066.73		<b>14</b> Other	
<b>15</b> State Employer's state ID No. AL 000000001	<b>16</b> State wages, tips, etc. 23957.23	<b>17</b> State income tax 819.40	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name