## 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

a Employee's social security number 123 -45 -6789	1 Wages, tips, other compensation 23957.23	2 Federal income tax withheld 0.00			
c 😭 ployer's name, address, and ZIP code	3 Social security wages 25255.80	4 Social security tax withheld 1565.86			
XYZ Medi al <sub>c</sub> Inc 841 Prudential Dr	<b>5</b> Medicare wages and tips 25255.80	6 Medicare tax withheld 366.21			
Ste 204 Jacksonville, FL 32207	7 Social security tips 0.00	8 Allocated tips 0.00			
b US Aoyer identification number (EIN)22 - 111111	9	10 Dependent care benefits 99.94			
e Employee's name, address, and ZIP code John HG on e owner	11 Nonqualified plans 0.00	13 Statutory Retirement Third-party employee plan sick pay			
123 T e st dri v e	12 See Instructions for box 12 D 1298.57 DD 5066.73	14 Other			
15 State Employer's state ID No. 16 State wages, sps. et R009080141 23957.23	17 State income tax 18 Local wages, tips, 819 . 40	etc. 19 Local income tax 20 Locality name			

Form W-2 Wage & Tax Statement 2022
Copy C-For EMPLOYEE'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 fall to report it.

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number 123 -45 -67891	1 Wages, tips, ot 23957.23	1 Wages, tips, other compensation 23957.23			2 Federal Income tax withheld 0.00			
c Employer's name, address, and ZIP code	3 Social security 25255.80	3 Social security wages 25255 . 80		4 Social security tax withheld 1565.86				
XYZ Medical In <b>c341</b> Prudential Dr	5 Medicare wage: 25255.80	5 Medicare wages and tips 25255.80		6 Medicare tax withheld 366.21				
Ste 204	7 Social security 0.00	7 Social security tips 0.00		8 Allocated tips 0.00				
b Employer identification number (EIN) 22-111111	9	9		10 Dependent care benefits 99.94				
e Employee's name, address, and ZIP code Jon nHପା eown <i>e</i>	11 Nonqualified pl 0.00	11 Nonqualified plans 0.00		Statutory employee	Retirement plan	Third-party sick pay		
123 ,T estDrive,	12 See Instruction D DD	s for box 12 1298,57 5066,73	14	Other				
15 State Employer's state ID No. 16 State wages, tip ALB e 689988914135923 23957.23	s. etc. 17 State income tax 819.40			. 19 Local income tax 20 Locality name				