	רררר	a Employee's social security number							
	55555		OMB No. 1545-0008						
b Employer identification number (EIN)				1 Wa	ges, tips, other compensation	2	2 Federal income tax withheld		
					69780.46 539				
c Employer's name, address, and ZIP code				3 So	cial security wages	4 Social security tax withheld			
					77447.24	4801.81			
				5 Me	dicare wages and tips	6 Medicare tax withheld			
					22474.24	1122.94			
				7 So	cial security tips	8 Allocated tips			
					0				0
d Control number				9	10 Dependent care benefits				penefits
									0
e Employee's first name and initial Last name Suff.				11 Nonqualified plans			a '		
						d e	С		113.49
				13 Stat emp	utory Retirement Third-party loyee plan sick pay	12k)		
				11 011		o d e	е		4800.00
				14 Oth	120	; 			
				RETIREMENT 3666.76					
						120	1 		
f Employee's address and ZIP code						e e			
· .			47 Ctata incom		40 Local wages time ato	0.10	anl inn	ome tax	OO Locality name
15 State	e Employer's state ID numb		ł			19 LC	ocai inco	ome tax	20 Locality name
	1	68780.48		3438.56					
			1		1				

Form W-2 Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2024

Department of the Treasury-Internal Revenue Service