## Form W-2 for (Georgina B. Bales)

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On	15. State OH		Georgina B. Bales 485 West 11 <sup>th</sup> Avenue Ogden, UT, 87656 Employee's address and Zip code					Employee's so 485-39-8478	Cincinnati, Ohi	Kroger	Employe	Employer ID # 45-117348520	Control #
1234567	Employe Number	e's addre		UT, 876	st 11 <sup>th</sup> A	מ ש	e's first n	e's social 8478	191 Kroger Rd. Cincinnati, Ohio 45242	1	r's name	r ID#	
67	Employer's state ID Number 1234567			56	venue		Employee's first name and initial	Employee's social security number 485-39-8478	) 45242		Employer's name, address, and Zip code	į	22222
8	16. St							er			ip code		
\$16,500	State, wages, tips, etc.						Last						Void
\$21	17. State income tax	<u></u>				1	Last name						
\$213.85	e income		14. Other	13.	11. No	9. Ad	7. Soc	5. Me \$1		\$	3. So	1. W <sub>2</sub>	For Of
	18. Local wages, tips, etc.		er		11. Nonqualified plans	Advance EIC payment	7. Social security tips	\$16,500		\$16,500	Social security wages	Wages, tips, other compensation \$16,500	For Official Use Only - OMB No. 1545-0008
	19. Local income tax	12d.	12c.	12b.	12a. See instru	10. Dependent care benefits	8. Allocated tips	6. Medicare ta \$212.37		\$824.73	4. Social secu	2	45-0008
	20. Locally name			*	12a. See instructions for box 12	care benefits	tips	Medicare tax withheld \$212.37		ω	Social security tax withheld	Federal Income tax withheld \$2,016	4

Form W-2 Wage and Tax Statement

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Department of the Treasury-Internal Revenue Service

\*You Also Received Taxable Interest of \$200.00 (Will Receive a 1099 Form from Bank) \* Use Tax Table Provided

Filing status:	□ s	ingle Married filing jointly	Marrie	d filing s	separat	ely 🔲 He	ead of household	Qualit	ying widow(er		7			
Your first name and initial L				st name	)			Your social security number						
Your standard de	eductio	on: Someone can claim you	as a dep	endent		You were b	om before Januar	y 2, 1954	You a	re blind				
If joint return, spouse's first name and initial Last name									Spouse's social security number					
										C. Navika				
Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954  Spouse is blind Spouse itemizes on a separate return or you were dual-status alien								2, 1954	Full-year health care coverage or exempt (see inst.)					
Home address (number and street). If you have a P.O. box, see instructions.  Apt. no.							Apt. no.	Presidential Election Campaign (see inst.) You Spouse						
City, town or pos	t office	e, state, and ZIP code. If you have a	a foreign	address	s, attac	h Schedule	6.			THE REPORT OF STREET	han four and 🗸 h	ROSE THE RESIDENCE	Carlot Walls and Carlot Control	
Dependents (s	ee in	structions):		(2) Social security number (3) Relationship to you						4) ✓ if qualifies for (see inst.):				
(1) First name		Last name							. Fall of	credit Credit for other dependen				
										685,194				
									* - * D				-570	
								ŀ						
		enalties of perjury, I declare that I have ex								owledge and	belief, the	y are tr	ue,	
Here	7 10000	and complete. Declaration of preparer (of	ner than t	axpayer)	Date	STORY OF STREET	ation of which prepar our occupation	er has any ki	nowledge.	If the IRS se				
Joint return?	10	Your signature					Spouse's occupation			PIN, enter it		Centry	riolection	
See instructions.	- St									here (see inst If the IRS se	-	dentity	Protection	
Keep a copy for Spouse's signature. If a joint return, both myour records.			oui mus	ust sign. Date		1	spouse's occupati	-capation		PIN, enter it		L	TOLECTION	
	Pr	eparer's name	Preparer'	e eignət	ure			I PTIN	Fi	here (see inst rm's EIN	Chec	-  c j#:		
Paid	1200 121	oparci s name	reparer	s signal	.ui e			1	1	III S LIIV			/ Designee	
Preparer				*			Dhara				$\dashv =$		oloyed	
Use Only	Vis.	m's name ▶						Phone no	J		1	011 0111	·	
	- spart - co	m's address ▶	= 1 (-1)	AY 0		Alaka Kal		**** V2: 1	Walter Co.					
	1	Wages, salaries, fips, etc. Attach i	1	N-Z •	•		h Tavakla	de Santa	•	1.				
Attach Form(s)	2a	Tax-exempt interest	2a	b Taxable interest						2b				
W-2. Also attach Form(s) W-2G and	3a	Qualified dividends	3a	b Ordinary dividends b Taxable amount						3b				
1099-R if tax was withheld.	4a	IRAs, pensions, and annuities .	4a						• • • •	4b				
Williamora,	5a	Social security benefits	5a	Chipping 1		1 4 5 00	<b>b</b> Taxable	amount	• • • •	5b	-		-	
(*)	6 7	Total income, Add lines 1 through 5, Ad Adjusted gross income. If you ha					iter the amount fo	om line 6	otherwise	6				
Standard		subtract Schedule 1, line 36, from	line 6				ito, are unedit i			7				
Deduction for-	8	Standard deduction or itemized deductions (from Schedule A)								8				
<ul> <li>Single or married filing separately,</li> </ul>	9	Qualified business income deduction (see instructions)								9				
\$12,000	1000 25	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0												
	10	Taxable income, Subtract lines 8	ui iu 0 110	uti mic i			ter-0		]	10				
Married filing	2	* TYRESPECTATION			Form	n(s) 8814 <b>2</b>		·	)	10				
<ul> <li>Married filing jointly or Qualifying widow(er),</li> </ul>	2	* TYRESPECTATION	cif any fro	m: 1 [					· · · · · · · · · · · · · · · · · · ·	11			1	
<ul> <li>Married filing jointly or Qualifying widow(er), \$24,000</li> <li>Head of</li> </ul>	2	a Tax (see inst.) (check	if any fro 2 and c	m: 1 [ heck he	re .	n(s) 8814 <b>2</b>								
<ul> <li>Married filing jointly or Qualifying widow(er), \$24,000</li> <li>Head of household,</li> </ul>	11	a Tax (see inst.) (check b Add any amount from Schedule	if any fro 2 and c	m: 1 [ heck he	re .	n(s) 8814 <b>2</b>	Form 4972 3			11				
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