

# 2024 W-2 and EARNINGS SUMMARY

**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2024**  
 Copy C for employee's records. OMB No. 1545-0008

d Control number	Dept.	Corp.	Employer use only
0000027472 TZR	35400	UCS0	A C S 876

c Employer's name, address, and ZIP code  
 FLORIDA HEALTH SCIENCES CENTER  
 INC  
 1 TAMPA GENERAL CIRCLE  
 TAMPA, FL 33606

e/f Employee's name, address, and ZIP code  
 MELISSA A BEMER  
 213 ORCHARD WAY  
 WAYNE, PA 19087

b Employer's FED ID number	a Employee's SSA number
59-3458145	XXX-XX-6417

1 Wages, tips, other comp.	2 Federal income tax withheld
24110.78	2354.72

3 Social security wages	4 Social security tax withheld
24625.20	1526.76

5 Medicare wages and tips	6 Medicare tax withheld
24625.20	357.07

7 Social security tips	8 Allocated tips

9	10 Dependent care benefits

11 Nonqualified plans	12a See instructions for box 12
	C   22.40
14 Other	12b E   514.42
	12c DD   4699.80
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
	X

15 State	Employer's state ID no.	16 State wages, tips, etc.

17 State income tax	18 Local wages, tips, etc.

19 Local income tax	20 Locality name

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY	24,110.78	SOCIAL SECURITY TAX WITHHELD	1,526.76
FED. INCOME TAX WITHHELD	2,354.72	BOX 04 OF W-2	
BOX 02 OF W-2		MEDICARE TAX WITHHELD	357.07
BOX 06 OF W-2		BOX 14 OF W-2	
STATE INCOME TAX	0.00	SUI/SDI	0.00
BOX 17 OF W-2		BOX 19 OF W-2	
LOCAL INCOME TAX	0.00		

To change your employee W-4 profile information file a new W-4 with your payroll department

MELISSA A BEMER  
 213 ORCHARD WAY  
 WAYNE, PA 19087

Social Security Number: XXX-XX-6417



© 2024 ADP, Inc.

PAGE 1 OF 1

Fold and Detach Here

1 Wages, tips, other comp.	2 Federal income tax withheld
24110.78	2354.72

3 Social security wages	4 Social security tax withheld
24625.20	1526.76

5 Medicare wages and tips	6 Medicare tax withheld
24625.20	357.07

d Control number	Dept.	Corp.	Employer use only
0000027472 TZR	35400	UCS0	A C S 876

c Employer's name, address, and ZIP code  
 FLORIDA HEALTH SCIENCES CENTER  
 INC  
 1 TAMPA GENERAL CIRCLE  
 TAMPA, FL 33606

b Employer's FED ID number	a Employee's SSA number
59-3458145	XXX-XX-6417

7 Social security tips	8 Allocated tips

9	10 Dependent care benefits

11 Nonqualified plans	12a See instructions for box 12
	C   22.40
14 Other	12b E   514.42
	12c DD   4699.80
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
	X

e/f Employee's name, address and ZIP code  
 MELISSA A BEMER  
 213 ORCHARD WAY  
 WAYNE, PA 19087

15 State	Employer's state ID no.	16 State wages, tips, etc.

17 State income tax	18 Local wages, tips, etc.

19 Local income tax	20 Locality name

**Federal Filing Copy**  
**W-2 Wage and Tax Statement 2024**  
 Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp.	2 Federal income tax withheld
24110.78	2354.72

3 Social security wages	4 Social security tax withheld
24625.20	1526.76

5 Medicare wages and tips	6 Medicare tax withheld
24625.20	357.07

d Control number	Dept.	Corp.	Employer use only
0000027472 TZR	35400	UCS0	A C S 876

c Employer's name, address, and ZIP code  
 FLORIDA HEALTH SCIENCES CENTER  
 INC  
 1 TAMPA GENERAL CIRCLE  
 TAMPA, FL 33606

b Employer's FED ID number	a Employee's SSA number
59-3458145	XXX-XX-6417

7 Social security tips	8 Allocated tips

9	10 Dependent care benefits

11 Nonqualified plans	12a See instructions for box 12
	C   22.40
14 Other	12b E   514.42
	12c DD   4699.80
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
	X

e/f Employee's name, address and ZIP code  
 MELISSA A BEMER  
 213 ORCHARD WAY  
 WAYNE, PA 19087

15 State	Employer's state ID no.	16 State wages, tips, etc.

17 State income tax	18 Local wages, tips, etc.

19 Local income tax	20 Locality name

**State Filing Copy**  
**W-2 Wage and Tax Statement 2024**  
 Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp.	2 Federal income tax withheld
24110.78	2354.72

3 Social security wages	4 Social security tax withheld
24625.20	1526.76

5 Medicare wages and tips	6 Medicare tax withheld
24625.20	357.07

d Control number	Dept.	Corp.	Employer use only
0000027472 TZR	35400	UCS0	A C S 876

c Employer's name, address, and ZIP code  
 FLORIDA HEALTH SCIENCES CENTER  
 INC  
 1 TAMPA GENERAL CIRCLE  
 TAMPA, FL 33606

b Employer's FED ID number	a Employee's SSA number
59-3458145	XXX-XX-6417

7 Social security tips	8 Allocated tips

9	10 Dependent care benefits

11 Nonqualified plans	12a See instructions for box 12
	C   22.40
14 Other	12b E   514.42
	12c DD   4699.80
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
	X

e/f Employee's name, address and ZIP code  
 MELISSA A BEMER  
 213 ORCHARD WAY  
 WAYNE, PA 19087

15 State	Employer's state ID no.	16 State wages, tips, etc.

17 State income tax	18 Local wages, tips, etc.

19 Local income tax	20 Locality name

**City or Local Filing Copy**  
**W-2 Wage and Tax Statement 2024**  
 Copy 2 to be filed with employee's City or Local Income Tax Return.