


		<b>a</b> Employee's social security number XXX-XX-XXXX		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile		
<b>b</b> Employer identification number (EIN) XX-XXXXXXX				<b>1</b> Wages, tips, other compensation 140962.98		<b>2</b> Federal income tax withheld 26760.32						
<b>c</b> Employer's name, address, and ZIP code				<b>3</b> Social security wages 102750.00		<b>4</b> Social security tax withheld 6370.52						
				<b>5</b> Medicare wages and tips 102750.00		<b>6</b> Medicare tax withheld 1489.88						
				<b>7</b> Social security tips		<b>8</b> Allocated tips						
<b>d</b> Control number				<b>9</b>		<b>10</b> Dependent care benefits						
<b>e</b> Employee's first name and initial Employee's first name and initial ADAM Last name SMITH 2601 CORONA BURBANK CA 91505				<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 C o d e						
				<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b> C o d e						
				<b>14</b> Other 2% S/H 38,212.98		<b>12c</b> C o d e						
						<b>12d</b> C o d e						
<b>f</b> Employee's address and ZIP code												
<b>15</b> State CA		Employer's state ID number XXX-XXXX-X		<b>16</b> State wages, tips, etc. 140962.98		<b>17</b> State income tax 9374.56		<b>18</b> Local wages, tips, etc. 102750.00		<b>19</b> Local income tax 1130.25		<b>20</b> Locality name CASDI

Form **W-2** Wage and Tax Statement

2023

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.  
This information is being furnished to the Internal Revenue Service.

		<b>a</b> Employee's social security number	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.			
			OMB No. 1545-0008			
<b>b</b> Employer identification number (EIN)		<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld		
<b>c</b> Employer's name, address, and ZIP code		<b>3</b> Social security wages		<b>4</b> Social security tax withheld		
		<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld		
		<b>7</b> Social security tips		<b>8</b> Allocated tips		
<b>d</b> Control number		<b>9</b>		<b>10</b> Dependent care benefits		
<b>e</b> Employee's first name and initial      Last name      Suff.		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 C o d e		
		<b>13</b> Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b> C o d e		
		<b>14</b> Other		<b>12c</b> C o d e		
<b>f</b> Employee's address and ZIP code				<b>12d</b> C o d e		
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name
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Form **W-2** Wage and Tax Statement  
**Copy C—For EMPLOYEE'S RECORDS**  
(See *Notice to Employee* on the back of Copy B.)

**2023**

Department of the Treasury—Internal Revenue Service

Safe, accurate,  
FAST! Use



VOID <input type="checkbox"/>		a Employee's social security number		OMB No. 1545-0008					
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld				
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld				
			5 Medicare wages and tips		6 Medicare tax withheld				
			7 Social security tips		8 Allocated tips				
d Control number			9		10 Dependent care benefits				
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans	12a See instructions for box 12		
						13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b
						14 Other			12c
									12d
f Employee's address and ZIP code									
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
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Form **W-2** Wage and Tax Statement  
Copy D—For Employer

2023

Department of the Treasury—Internal Revenue Service  
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.