22222 VOID ☐

a Employee's social security number

For Official Use Only ▶
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 ☐ Retirement plan ☐ Third-party sick pay ☐	12b
	14 Other	12c
f Employee's address and ZIP code		12d

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

Form **W-2** **Wage and Tax Statement** 2022

Department of the Treasury—Internal Revenue Service

Copy A—For Social Security Administration. Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable. 41-0852411

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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b Kind of Payer (Check one)

c Total number of

e Employer identi

f Employer's nam

g Employer's add

h Other EIN used

15 State Emp

16 State wages, ti

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Form **W-3**

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Guide, for a list of IRS-approved private del

Form **W-2** **Wage and Tax Statement** 2022

Copy 1—For State, City, or Local Tax Department
Copy D—For Employer.

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

Copy C—For EMPLOYEE'S RECORDS (See *Notice to Employee* **on the back of Copy B.) or Copy 2 to be Filed With Employee's State, City or Local Income Tax Return**

Form **W-2** **Wage and**

Copy B—To Be Filed With Empl
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LW3 41-0852411 5200

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

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