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22222

a Employee's social security number a_1

OMB No. 1545-0008

b Employer identification number (EIN) b_1

1 Wages

2 Federal income tax withheld 2_1

c Employer's name, address, and ZIP code c_1

3 Social

4 Social security tax withheld 4_1

5 Medic

6 Medicare tax withheld 6_1

7 Social security tips 7_1

8 Allocated tips 8_1

d Control number d_1

9 9_1

10 Dependent care benefits 10_1

e Employee's first name and initial Last name Suff. f_1

11 Nonqualified plans 11_1

12a C_7

13 Statutory employee loy Retirement plan lan Third-party sick pay kpa

12b C_6

14 Other 14_1

12c C_5

12d C_4

f Employee's address and ZIP code

19_3

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
15_1	16_1	17_1	18_1	19_2	20_1
	WageandTaxStatement_1			ftheTreasury—InternalRev	reasury—Interna

Form **W-2** **Wage and Tax Statement** 2023 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

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