

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

OMB No. 1545-0008

| | | | |
|---|----------------------------|---|----------------------------|
| 1 Wages, tips, other compensation | | 2 Federal income tax withheld | |
| 7 Social security tips | | 3 Social security wages | |
| 8 Allocated tips | | 5 Medicare wages and tips | |
| 9 | | 10 Dependent care benefits | |
| 12a See instructions for box 12 | | 12b | |
| 12d | | 13 Statutory emp. Retirement plan Third-party sick pay | |
| b Employer identification number (EIN) | | a Employee's social security number | |
| 14 Other | | 6 Medicare tax withheld | |
| 11 Nonqualified plans | | 4 Social security tax withheld | |
| c Employer's name, address, and ZIP code | | 19 Local income tax | |
| e Employee's name, address, and ZIP code | | 20 Locality name | |
| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax |

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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.

2-3/4"

5/14"

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7-3/4"

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10-1/2"

FROM:

Important Tax Document Enclosed

First-Class Mail

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

W2F4ARP