22222 VOID [a E	mployee's social security number 4453453	For Official Use Only OMB No. 1545-0008					
b Employer identification number (EIN)			1 Wa	ages, tips, other compensation	2 Federal income tax withheld		
23454535				2323.00	232.30		
c Employer's name, address, and ZIP code			3 Sc	ocial security wages	4 Social security tax withheld		
Company Inc				2323.00	144.02		
14560 Westcott Dr Saratoga			5 M	edicare wages and tips	6 Medicare tax withheld		
California CA 95070				2323.00	33.68		
Odilionia OA 33070			7 Sc	ocial security tips	8 Allocated tips		
				422.00	433.00		
d Control number			9		10 Dependent care	Dependent care benefits	
4							
e Employee's first name and initial Last name		Suf	. 11 No	onqualified plans	12a See instructions for box 12		
John	John Doe				A 220.00		
11512 Holly Springs New Hill Rd California CA 95070				atutory Retirement Third-party sick pay	12b		
)	X X	A 2600.	00	
			14 Ot	her	12c		
			Otl	her Income \$100	D 5242.	00	
					12d		
					A 421.0	0	
f Employee's address and ZIP code							
15 State Employer's state ID number 16 State wages, tips, etc. 17 State incom		me tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
CA 42377	120.00	23.23		255.00	675.00	Test	

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

2024

Department of the Treasury—Internal Revenue Service

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

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

Cat. No. 10134D

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