CORRECTED	(if checked)
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	<del>-</del>			
FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	FILER'S TIN	OMB No. 0000-0000		
Country, ZIF or foreign postar code, and telephone no.	00000000	_	Payment Card and	
Your Company Name	PAYEE'S TIN	2023	Third Party	
Your Company Address	XXX-XX-XXXX	2023	Network	
Tour Company Address	1a Gross amount of payment card/third party network transactions  \$ 0.00	Form <b>1099-K</b>	Transactions	
	1b Card Not Present transactions	2 Merchant category code	Copy B For Payee	
Check to indicate if FILER is a (an): Payment settlement entity (PSE)  Check to indicate transactions reported are: Payment card	\$ 0.00 3 Number of payment transactions	4 Federal income tax withheld	This is important tax	
Electronic Payment Facilitator (EPF)/Other third party	00	<b>\$</b>	information and is being furnished to the IRS. If you are	
PAYEE'S name	5a January	5b February	required to file a return, a negligence	
Your Name	\$ 0.00	\$ 0.00	penalty or other sanction may be	
	5c March	5d April	imposed on you it	
Street address (including apt. no.)	\$ 0.00	\$ 0.00	taxable income results from this	
	5e May	5f June	transaction and the IRS determines that it	
Your Address	\$ 0.00	\$ 0.00	has not been	
City or town, state or province, country, and ZIP or foreign postal code	5g July	5h August	reported.	
	\$ 0.00	\$ 0.00		
Your City	5i September	5j October		
PSE'S name	\$ 0.00	\$ 0.00		
Your Company Name	5k November <b>0.00</b>	5l December <b>0.00</b>		
Account number (see instructions) 000000000000000000000000000000000000	6 State	7 State identification no. <b>000000000</b>	8 State income tax withheld \$	
			<b></b>	

(Keep for your records)

www.irs.gov/form1099k

Department of the Treasury - Internal Revenue Service

Form**1099K** 

## 2023 W-2 and EARNINGS SUMMARY

		Employee	Ref	ere	ence		Cop	у	
V Co	V-	nd ent	Tax	K	<b>2</b> (	02 No. 0	23		
d	Contro	ol number	Dept.		Corp.		Employ	er u	se only
С	You	oyer's name, a r Company r Company	Name		ZIP co	de	•		
e/f	You	oyee's name, a r Name r Address	nddress, a	nd	ZIP co	de	3		
b		yer's FED ID r		а	Empl	оу	ee's SS/		
1		s, tips, other c		2	Feder	al	income		
3	Social	security wag	es	4	Socia	ıl s	ecurity	tax w	ithheld
5	Medic	are wages and	l tips	6	Medic	ar	e tax wi	thhel	d
7	Social	security tips		8	Alloca	ate	d tips		
9				10	Deper	nd	ent care	bene	efits
11	Nonqu	alified plans		12a	Seein	stru	uctions fo	r box 1	12
14	Other			12k 12c 12c	;   <b>!</b>	anl	Pot plan	Ord no	irty sick pay
15	State	Employer's s	tate ID no						
17	State i	ncome tax		18	Local	W	ages, tip	s, etc	<b>.</b> .
19	Local	income tax		20	Local	ity	name		

EMPLOYEE ID: 000000

Your Name Your Address

Social Security Number: XXX-XXXXX Taxable Marital Status: SINGLE

Exemptions/Allowances:
Federal: 0
State: 0
Local: 0

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## PAGE 01 OF 01

				•			
1	1 Wages, tips, other comp.			2 Federal income tax withheld			
3	Socia	security wag	es	4 Socia	l security	tax withheld	
5	Medic	are wages and	d tips	6 Medic	are tax w	rithheld	
d	Contro	ol number	Dept.	Corp. Employer use only			
C	You	oyer's name, a r Company r Company	/ Name		ode		
)		yer's FED ID I		a Empl	oyee's SS XXX-X	A number	
7		security tips		8 Allocated tips			
9				10 Depe	ndent car	e benefits	
11	Nonqu	alified plans		12a See	instructio	ns for box 12	
14	Other			12b			
				12c			
				12d			
				13 Stat em	p. Ret. plan	3rd party sick pay	
e/f	Your	oyee's name, a · Name · Address	ddress an	d ZIP cod	de		
15	State	Employer's s	tate ID no.	16 State	wages, ti	ps, etc.	
17	State	income tax		18 Loca	wages, ti	ips, etc.	
19	Local	income tax		20 Local	ity name		
		Federal	Filing	Сору			
V	<b>N</b> -2		Stateme		OME	023 No. 0000-0000	

						PAGE	01 0		
1	Wages, tips, other comp.			2 Federal income tax withheld					
3	Social secu	Social security wages			4 Social security tax withheld				
5	Medicare wa	nges and tips	6 Medicare tax withheld						
d	Control num	ber Dept.	Corp. Employer use only						
С	Employer's	name, address, a	nd Z	IP cod	e				
	Your Con Your Con	npany Name npany Addres	ss						
b		FED ID number	a I	Employ	yee's SS	A number	,		
7	Social secu	000000 ity tips	8 Allocated tips						
9			10	Depen	dent care	e benefits			
11	Nonqualifie	d plans	1 <b>2</b> a	1					
14	Other		12b						
			12c						
			12d						
			13 5	Stat emp	. Ret. plan	3rd party si	ck pay		
e/f Employee's name, address and ZIP code Your Name Your Address									
15	State Emplo	yer's state ID no.	16	State v	vages, tip	os, etc.			
17	State incom	e tax	18	Local	wages, ti	ps, etc.			
19	Local incom	e tax	20	Localit	y name				
		State Filing	(	Сору					
С	W-2 Wage and Tax 2023 Statement OMB No. 0000-0000								

1	Wages, tips, other c	omp.	2 Feder	al income	tax withheld		
3	Social security wag	es	4 Social security tax withheld				
5	Medicare wages and	d tips	6 Medic	are tax wi	thheld		
d	Control number	Dept.	Corp. Employer use only				
С	Employer's name, a	ddress, a	nd ZIP co	de			
	Your Company Your Company		ss				
b	Employer's FED ID 00-00000		a Emplo	yee's SSA	A number		
7	Social security tips	•	8 Alloca				
9			10 Depei	ndent care	benefits		
11	Nonqualified plans		12a				
14	Other		12b				
			12c				
			12d				
			13 Stat en	np. Ret. plan	3rd party sick pag		
e/f	Employee's name, a Your Name Your Address	iddress ai	nd ZIP coo	le			
15	State Employer's st	ate ID no	16 State	wages, tip	s, etc.		
17 State income tax			18 Local wages, tips, etc.				
19	Local income tax		20 Local	ity name			
V	<b>V_2</b>	Local age a Stateme	Filing nd Tax ent		)23 No. 0000-0000		

Copy BTo Be Filed W FEDERAL Tax Return.	ith Employee's	OMB No.	Copy 2To Be Filed W		OMB No.
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Fed. income tax withheld	a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Fed. income tax withheld
XXX-XX-XXXX	3 Social security wages	4 Soc. sec. tax withheld	XXX-XX-XXXX	3 Social security wages	4 Soc. sec. tax withheld
b Employer ID number (EIN)	5 Madiana wasaa and tina	C. Madiaara tawwith hald	b Employer ID number (EIN)	5 Madiana wasaa and tina	C Madiana tau with hald
00-000000	5 Medicare wages and tips	6 Medicare tax withheld	00-000000	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address, a Your Company Na Your Company Ad Zip Code	me		c Employer's name, address, Your Company Na Your Company Ad Zip Code	ıme	
d Control number			d Control number		
e Employee's name, address, Your Name Your Address Zip Code	and ZIP code		e Employee's name, address, Your Name Your Address Zip Code	, and ZIP code	
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	10 Dependent care benefits	11 Nonqualified plans	12a Code
13 Statutory employee 14 Of	ther	12b Code	13 Statutory employee 14 C	Other	12b Code
Retirement plan		12c Code	Retirement plan		12c Code
Third-party sick pay		12d Code	Third-party sick pay		12d Code
AA 00-0000000			AA 00-0000000		47.004
15 State Employer's state ID n 18 Local wages, tips, etc.	19 Local income tax	17 State income tax 20 Locality name	15 State Employer's state ID 1  18 Local wages, tips, etc.	no.   16 State wages, tips, etc 19 Local income tax	20 Locality name
penalty/other sanction may be		I to file a tax return, a negligence is taxable & you fail to report it.	Copy 2To Be Filed W		OMB No.
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Fed. income tax withheld	a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Fed. income tax withheld
XXX-XX-XXXX	3 Social security wages	4 Soc. sec. tax withheld	XXX-XX-XXXX	3 Social security wages	4 Soc. sec. tax withheld
b Employer ID number (EIN)	5 Medicare wages and tips	6 Medicare tax withheld	b Employer ID number (EIN)	5 Medicare wages and tips	6 Medicare tax withheld
00-000000 c Employer's name, address, a		o modisare tax ministr	00-000000 c Employer's name, address,		
Your Company Na Your Company Ad Zip Code	me		Your Company Na Your Company Ad Zip Code	ıme	
d Control number			d Control number		
e Employee's name, address, Your Name Your Address Zip Code	and ZIP code		e Employee's name, address, Your Name Your Address Zip Code	and ZIP code	
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	10 Dependent care benefits	11 Nonqualified plans	12a Code
13 Statutory employee 14 Ot	l ther	12b Code	13 Statutory employee 14 C	l Other	12b Code
Retirement plan		12c Code	Retirement plan		12c Code
Third-party sick pay		12d Code	Third-party sick pay		12d Code
AA 00-0000000 15 State Employer's state ID n 18 Local wages, tips, etc.	o.   16 State wages, tips, etc.   19 Local income tax	17 State income tax 20 Locality name	AA 00-000000 15 State Employer's state ID 18 Local wages, tips, etc.	no.   16 State wages, tips, etc	. 17 State income tax 20 Locality name
Form W-2 Wage and Tax Sta	tement <b>2023</b>	Dept. of the Treasury IRS	Form W-2 Wage and Tax Sta	atement <b>2023</b>	Dept. of the Treasury IRS