

CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Your Company Name Your Company Address	FILER'S TIN 000000000	OMB No. 0000-0000 2023 Form 1099-K		<h2 style="text-align: center;">Payment Card and Third Party Network Transactions</h2>
	PAYEE'S TIN XXX-XX-XXXX	1a Gross amount of payment card/third party network transactions \$ 0.00		
	1b Card Not Present transactions \$ 0.00	2 Merchant category code		
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>	Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>	3 Number of payment transactions 00	4 Federal income tax withheld \$	<h3 style="text-align: center;">Copy B For Payee</h3> <p style="font-size: small;">This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.</p>
PAYEE'S name Your Name Street address (including apt. no.) Your Address City or town, state or province, country, and ZIP or foreign postal code Your City	5a January \$ 0.00	5b February \$ 0.00		
	5c March \$ 0.00	5d April \$ 0.00		
	5e May \$ 0.00	5f June \$ 0.00		
	5g July \$ 0.00	5h August \$ 0.00		
	5i September \$ 0.00	5j October \$ 0.00		
	5k November \$ 0.00	5l December \$ 0.00		
Account number (see instructions) 00000000000000000000	6 State AA	7 State identification no. 00000000	8 State income tax withheld \$	

2023 W-2 and EARNINGS SUMMARY

EMPLOYEE ID: 000000

Employee Reference Copy		Wage and Tax Statement		2023	
Copy C for employee's records.		OMB No. 0000-0000			
d Control number	Dept.	Corp.	Employer use only		
c Employer's name, address, and ZIP code Your Company Name Your Company Address					
e/f Employee's name, address, and ZIP code Your Name Your Address					
b Employer's FED ID number 00-0000000	a Employee's SSA number XXX-XX-XXXX				
1 Wages, tips, other comp.	2 Federal income tax withheld				
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				
9	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12				
14 Other	12b				
	12c				
	12d				
	13 Stat emp	Ret. plan	3rd party sick pay		
15 State	Employer's state ID no.	16 State wages, tips, etc.			
17 State income tax	18 Local wages, tips, etc.				
19 Local income tax	20 Locality name				

Your Name
Your Address

Social Security Number: XXX-XX-XXXX
Taxable Marital Status: SINGLE
Exemptions/Allowances:
Federal: 0
State: 0
Local: 0

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1 Wages, tips, other comp.	2 Federal income tax withheld				
3 Social security wages	4 Social security tax withheld				
5 Medicare wages and tips	6 Medicare tax withheld				
d Control number	Dept.	Corp.	Employer use only		
c Employer's name, address, and ZIP code Your Company Name Your Company Address					
b Employer's FED ID number 00-0000000	a Employee's SSA number XXX-XX-XXXX				
7 Social security tips	8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12				
14 Other	12b				
	12c				
	12d				
	13 Stat emp	Ret. plan	3rd party sick pay		
15 State	Employer's state ID no.	16 State wages, tips, etc.			
17 State income tax	18 Local wages, tips, etc.				
19 Local income tax	20 Locality name				
Federal Filing Copy W-2 Wage and Tax Statement 2023 Copy B to be filed with employee's Federal Income Tax Return.					

1 Wages, tips, other comp.	2 Federal income tax withheld				
3 Social security wages	4 Social security tax withheld				
5 Medicare wages and tips	6 Medicare tax withheld				
d Control number	Dept.	Corp.	Employer use only		
c Employer's name, address, and ZIP code Your Company Name Your Company Address					
b Employer's FED ID number 00-0000000	a Employee's SSA number XXX-XX-XXXX				
7 Social security tips	8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12				
14 Other	12b				
	12c				
	12d				
	13 Stat emp	Ret. plan	3rd party sick pay		
15 State	Employer's state ID no.	16 State wages, tips, etc.			
17 State income tax	18 Local wages, tips, etc.				
19 Local income tax	20 Locality name				
State Filing Copy W-2 Wage and Tax Statement 2023 Copy 2 to be filed with employee's State Income Tax Return.					

1 Wages, tips, other comp.	2 Federal income tax withheld				
3 Social security wages	4 Social security tax withheld				
5 Medicare wages and tips	6 Medicare tax withheld				
d Control number	Dept.	Corp.	Employer use only		
c Employer's name, address, and ZIP code Your Company Name Your Company Address					
b Employer's FED ID number 00-0000000	a Employee's SSA number XXX-XX-XXXX				
7 Social security tips	8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12				
14 Other	12b				
	12c				
	12d				
	13 Stat emp	Ret. plan	3rd party sick pay		
15 State	Employer's state ID no.	16 State wages, tips, etc.			
17 State income tax	18 Local wages, tips, etc.				
19 Local income tax	20 Locality name				
City or Local Filing Copy W-2 Wage and Tax Statement 2023 Copy 2 to be filed with employee's City or Local Income Tax Return.					

Copy B--To Be Filed With Employee's FEDERAL Tax Return.			OMB No.
a Employee's soc. sec. no. XXX-XX-XXXX	1 Wages, tips, other comp.	2 Fed. income tax withheld	
	3 Social security wages	4 Soc. sec. tax withheld	
b Employer ID number (EIN) 00-0000000	5 Medicare wages and tips	6 Medicare tax withheld	
c Employer's name, address, and ZIP code Your Company Name Your Company Address Zip Code			
d Control number			
e Employee's name, address, and ZIP code Your Name Your Address Zip Code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
AA 00-0000000			
15 State Employer's state ID no.	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 **2023** Dept. of the Treasury -- IRS
This information is being furnished to the Internal Revenue Service.

This information is being furnished to IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable & you fail to report it.

Copy C--For EMPLOYEE'S RECORDS (See Notice to Employee.)			OMB No.
a Employee's soc. sec. no. XXX-XX-XXXX	1 Wages, tips, other comp.	2 Fed. income tax withheld	
	3 Social security wages	4 Soc. sec. tax withheld	
b Employer ID number (EIN) 00-0000000	5 Medicare wages and tips	6 Medicare tax withheld	
c Employer's name, address, and ZIP code Your Company Name Your Company Address Zip Code			
d Control number			
e Employee's name, address, and ZIP code Your Name Your Address Zip Code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
AA 00-0000000			
15 State Employer's state ID no.	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 **2023** Dept. of the Treasury -- IRS

Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No.
a Employee's soc. sec. no. XXX-XX-XXXX	1 Wages, tips, other comp.	2 Fed. income tax withheld	
	3 Social security wages	4 Soc. sec. tax withheld	
b Employer ID number (EIN) 00-0000000	5 Medicare wages and tips	6 Medicare tax withheld	
c Employer's name, address, and ZIP code Your Company Name Your Company Address Zip Code			
d Control number			
e Employee's name, address, and ZIP code Your Name Your Address Zip Code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
AA 00-0000000			
15 State Employer's state ID no.	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 **2023** Dept. of the Treasury -- IRS

Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No.
a Employee's soc. sec. no. XXX-XX-XXXX	1 Wages, tips, other comp.	2 Fed. income tax withheld	
	3 Social security wages	4 Soc. sec. tax withheld	
b Employer ID number (EIN) 00-0000000	5 Medicare wages and tips	6 Medicare tax withheld	
c Employer's name, address, and ZIP code Your Company Name Your Company Address Zip Code			
d Control number			
e Employee's name, address, and ZIP code Your Name Your Address Zip Code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
AA 00-0000000			
15 State Employer's state ID no.	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 **2023** Dept. of the Treasury -- IRS