

**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
b Employer ID number (EIN) 00-0000000	3 Social security wages	4 Soc. sec. tax withheld
	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
b Employer ID number (EIN) 00-0000000	3 Social security wages	4 Soc. sec. tax withheld
	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
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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
b Employer ID number (EIN) 00-0000000	3 Social security wages	4 Soc. sec. tax withheld
	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
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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
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Form W-2 Wage and Tax Statement **2023** Dept. of the Treasury -- IRS

CORRECTED (if checked)

**Payment Card and  
Third Party  
Network  
Transactions**

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Your Company Name</b> <b>Your Company Address</b>		FILER'S TIN <b>000000000</b>		OMB No. 0000-0000  <b>2023</b>  Form 1099-K	
		PAYEE'S TIN <b>XXX-XX-XXXX</b>		1a Gross amount of payment card/third party network transactions <b>\$ 0.00</b>	
		1b Card Not Present transactions <b>\$ 0.00</b>		2 Merchant category code	
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/>	Check to indicate transactions reported are: Payment card <input type="checkbox"/>	3 Number of payment transactions <b>00</b>		4 Federal income tax withheld <b>\$</b>	
Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>	Third party network <input type="checkbox"/>	PAYEE'S name <b>Your Name</b>  Street address (including apt. no.)  <b>Your Address</b>  City or town, state or province, country, and ZIP or foreign postal code <b>Your City</b>		5a January <b>\$ 0.00</b>	
PSE'S name <b>Your Company Name</b>		5c March <b>\$ 0.00</b>		5b February <b>\$ 0.00</b>	
Account number (see instructions) <b>00000000000000000000</b>		5e May <b>\$ 0.00</b>		5d April <b>\$ 0.00</b>	
		5g July <b>\$ 0.00</b>		5f June <b>\$ 0.00</b>	
		5i September <b>\$ 0.00</b>		5h August <b>\$ 0.00</b>	
		5k November <b>\$ 0.00</b>		5j October <b>\$ 0.00</b>	
		6 State <b>AA</b>		7 State identification no. <b>00000000</b>	
				8 State income tax withheld <b>\$</b>	

**Copy B  
For Payee**

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.

# 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		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				
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11 Nonqualified plans			12a See instructions for box 12		
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			13 Stat emp Ret. plan 3rd party sick pay		
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17 State income tax			18 Local wages, tips, etc.		
19 Local income tax			20 Locality name		

Federal Filing Copy		Wage and Tax Statement		2023	
Copy B to be filed with employee's Federal Income Tax Return.		OMB No. 0000-0000		OMB No. 0000-0000	

State Filing Copy		Wage and Tax Statement		2023	
Copy 2 to be filed with employee's State Income Tax Return.		OMB No. 0000-0000		OMB No. 0000-0000	

City or Local Filing Copy		Wage and Tax Statement		2023	
Copy 2 to be filed with employee's City or Local Income Tax Return.		OMB No. 0000-0000		OMB No. 0000-0000	