Copy B--To Be Filed With Employee's FEDERAL Tax Return. 38-2099803 OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Fed. income tax withheld
XXX-XX-XXXX	90,480.00	7,229.35
b Employer ID number (EIN)	3 Social security wages	4 Soc. sec. tax withheld
85-2749316	90,480.00	5,350.72
	5 Medicare wages and tips	6 Medicare tax withheld
	90,480.00	1,251.55

c Employer's name, address, and ZIP code
COMPANY NAME
COMPANY ADDRESS

d Control number

e Employee's name, address, and ZIP code
YOUR NAME
YOUR ADDRESS

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

VA 85-2749316	90,480.00	4,354.98
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 **2022** Dept. of the Treasury -- IRS
This information is being furnished to the Internal Revenue Service.

5 BW24UP NTF 2579558

Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return 38-2099803 OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Fed. income tax withheld
XXX-XX-XXXX	90,480.00	7,229.35
b Employer ID number (EIN)	3 Social security wages	4 Soc. sec. tax withheld
85-2749316	90,480.00	5,350.72
	5 Medicare wages and tips	6 Medicare tax withheld
	90,480.00	1,251.55

c Employer's name, address, and ZIP code
COMPANY NAME
COMPANY ADDRESS

d Control number

e Employee's name, address, and ZIP code
YOUR NAME
YOUR ADDRESS

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

VA 85-2749316	90,480.00	4,354.98
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 **2022** Dept. of the Treasury -- IRS

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.) 38-2099803 OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Fed. income tax withheld
XXX-XX-XXXX	90,480.00	7,229.35
b Employer ID number (EIN)	3 Social security wages	4 Soc. sec. tax withheld
85-2749316	90,480.00	5,350.72
	5 Medicare wages and tips	6 Medicare tax withheld
	90,480.00	1,251.55

c Employer's name, address, and ZIP code
COMPANY NAME
COMPANY ADDRESS

d Control number

e Employee's name, address, and ZIP code
YOUR NAME
YOUR ADDRESS

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

VA 85-2749316	90,480.00	4,354.98
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 **2022** Dept. of the Treasury -- IRS

Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return 38-2099803 OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Fed. income tax withheld
XXX-XX-XXXX	90,480.00	7,229.35
b Employer ID number (EIN)	3 Social security wages	4 Soc. sec. tax withheld
85-2749316	90,480.00	5,350.72
	5 Medicare wages and tips	6 Medicare tax withheld
	90,480.00	1,251.55

c Employer's name, address, and ZIP code
COMPANY NAME
COMPANY ADDRESS

d Control number

e Employee's name, address, and ZIP code
YOUR NAME
YOUR ADDRESS

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

VA 85-2749316	90,480.00	4,354.98
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 **2022** Dept. of the Treasury -- IRS

2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy

W-2 Wage and Tax Statement **2023**

Copy C for employee's records. OMB No. 1545-0008

d Control number	Dept.	Corp.	Employer use only
0000063460 NH3	7886	RED8	A 73795

c Employer's name, address, and ZIP code

COMPANY NAME
COMPANY ADDRESS

e/f Employee's name, address, and ZIP code

YOUR NAME
YOUR ADDRESS

b Employer's FED ID number	a Employee's SSA number
82-0544687	XXX-XX-XXXX

1 Wages, tips, other comp. 100,000.00	2 Federal income tax withheld 9,373.30
3 Social security wages 100,000.00	4 Social security tax withheld 6,449.30
5 Medicare wages and tips 100,000.00	6 Medicare tax withheld 1,449.10
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 1.40
14 Other 6.42 UI/WF/SWF 7.10 NJ DI 4.23 FLI	12b 12c 12d
	13 Stat emp. / Ret. plan X / 3rd party sick pay
15 State / Employer's state ID no.	16 State wages, tips, etc.
17 State income tax 4,586.00	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Federal Filing Copy

W-2 Wage and Tax Statement **2023**

OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

EMPLOYEE ID: 142892

YOUR NAME
YOUR ADDRESS

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

1 Wages, tips, other comp. 100,000.00 | 2 Federal income tax withheld 9,373.30
3 Social security wages 100,000.00 | 4 Social security tax withheld 6,449.30
5 Medicare wages and tips 100,000.00 | 6 Medicare tax withheld 1,449.10
d Control number 0000063460 NH3 | Dept. 7886 | Corp. RED8 | Employer use only A 73795
c Employer's name, address, and ZIP code: COMPANY NAME, COMPANY ADDRESS
b Employer's FED ID number 82-0544687 | 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 C 1.40
14 Other 6.42 UI/WF/SWF 7.10 NJ DI 4.23 FLI | 12b | 12c | 12d
13 Stat emp. / Ret. plan X / 3rd party sick pay
e/f Employee's name, address and ZIP code: YOUR NAME, YOUR ADDRESS
15 State / Employer's state ID no. | 16 State wages, tips, etc.
17 State income tax 4,586.00 | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name

. State Filing Copy

W-2 Wage and Tax Statement **2023**

OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 100,000.00 | 2 Federal income tax withheld 9,373.30
3 Social security wages 100,000.00 | 4 Social security tax withheld 6,449.30
5 Medicare wages and tips 100,000.00 | 6 Medicare tax withheld 1,449.10
d Control number 0000063460 NH3 | Dept. 7886 | Corp. RED8 | Employer use only A 73795
c Employer's name, address, and ZIP code: COMPANY NAME, COMPANY ADDRESS
b Employer's FED ID number 82-0544687 | a Employee's SSA number XXX-XX-XXXX
7 Social security tips | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a D
14 Other | 12b | 12c | 12d
13 Stat emp. / Ret. plan X / 3rd party sick pay
e/f Employee's name, address and ZIP code: YOUR NAME, YOUR ADDRESS
15 State / Employer's state ID no. | 16 State wages, tips, etc.
17 State income tax 4,586.00 | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name

City or Local Filing Copy

W-2 Wage and Tax Statement **2023**

OMB No. 1545-0008

Copy 2 to be filed with employee's City or Local Income Tax Return.