

22222		a Employee's social security number 123-45-6789		OMB No. 1545-0008					
b Employer identification number (EIN) 01-23456789			1 Wages, tips, other compensation 52301.46		2 Federal income tax withheld 7552.11				
c Employer's name, address, and ZIP code Test Company 1234 Sensible Way San Francisco, CA 94414			3 Social security wages 55750.33		4 Social security tax withheld 3450.68				
			5 Medicare wages and tips 55750.33		6 Medicare tax withheld 807.01				
			7 Social security tips		8 Allocated tips				
d Control number A1B2			9		10 Dependent care benefits				
e Employee's first name and initial John		Last name Smith	Suff.	11 Nonqualified plans		12a C 104.27			
6789 Doc Street San Francisco, CA 94414			13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b D 3528.87			
			14 Other			12c M 6.46			
						12d N 1.51			
f Employee's address and ZIP code			15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
			CA	12-3456789	52231.46	3461.27			

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2023

Department of the Treasury—Internal Revenue Service