

22222		Void		a Employee's social security number 400-02-0001		For Official Use Only OMB No. 1545-0008	
b Employer identification number 10-1234567				1 Wages, tips, other compensation 2100.00		2 Federal income tax withheld 210.00	
c Employer's name, address, and ZIP code Second Test Company 10 Samsung street San Diego, CA 92456-5985				3 Social security wages 2100.00		4 Social security tax withheld 130.20	
				5 Medicare wages and tips 2100.00		6 Medicare tax withheld 30.45	
				7 Social security tips		8 Allocated tips	
d Control number				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Maria B		Last name Susan-Smith		Suff.		11 Nonqualified plans	
f Employee's address and ZIP code 20 Second Street San Diego, CA 92465-4332				13 Statutory Employee Retirement plan Third-party sick pay		12a See instructions for box 12	
				14 Other		12b	
						12c	
						12d	
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	
CO	6192718147-2						
CA	2345678901-8	2100.00	120.00	2100.00	44.00	CASDI	

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

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22222		Void		d Employee's social security number 400-02-0002		For Official Use Only OMB No. 1545-0008	
b Employer identification number 10-1234567				1 Wages, tips, other compensation 52361.15		2 Federal income tax withheld 15000.00	
c Employer's name, address, and ZIP code Second Test Company 10 Samsung street San Diego, CA 92456-5985				3 Social security wages 54361.15		4 Social security tax withheld 3370.39	
				5 Medicare wages and tips 52361.15		6 Medicare tax withheld 759.24	
				7 Social security tips		8 Allocated tips	
a Control number				9 Advance EIC payment		10 Dependent care benefits 5000.09	
e Employee's first name and initial Merry K		Last name Hilton		Suff.		11 Nonqualified plans	
f Employee's address and ZIP code 42 Any Street San Francisco, CA 92487-4656				13 Statutory Employee Retirement plan Third-party sick pay X		12a See instructions for box D 2000.00	
				14 Other		12b J 240.00	
						12c K 477.21	
						12d	
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	
CO	6192718147-2	52361.15	840.00	52361.15	85.00	SDI	

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

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