

22222		a Employee's social security number XXX-XX-XXX		OMB No. 1545-0008				
b Employer identification number (EIN) XX-XXXXXXX			1 Wages, tips, other compensation 7,225.00		2 Federal income tax withheld 901.00			
c Employer's name, address, and ZIP code IVY LEAGUE UNIVERSITY 221 WHITNEY AVENUE YOUR TOWN, YS XXXXX			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			
d Control number			9		10 Dependent care benefits			
e Employee's first name and initial SIMONE		Last name DUPONT		Suff.		11 Nonqualified plans		12a C o d e
250 CHURCH STREET YOUR TOWN, YS XXXXX		f Employee's address and ZIP code		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o d e		
				14 Other		12c C o d e		
						12d C o d e		
15 State YS	Employer's state ID number XX-XXXXXXX		16 State wages, tips, etc. 7,225.00	17 State income tax 125.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

2023

Department of the Treasury — Internal Revenue Service