

W-2 Wage and Tax Statement

Department of the Treasury – Internal Revenue Service
Copy B – To Be Filed With Employee's FEDERAL Tax Return

a Employee's social security number 735-13-6994		b Employer identification number (EIN)		
c Employer's name, address, and ZIP code TX		d Control number		
e Employee's first name and initial Last name Suff. Este Ofori 3 SOUTH ALTWOOD CIRCLE SPRING, TX 77382				
1 Wages, tips, other compensation \$5,170.34		2 Federal income tax withheld \$602.05		
3 Social security wages \$5,170.34		4 Social security tax withheld \$320.56		
5 Medicare wages and tips \$5,170.34		6 Medicare tax withheld \$74.97		
7 Social security tips \$0.00		8 Allocated tips \$0.00		
9		10 Dependent care benefits \$0.00		
11 Nonqualified plans \$0.00		12a See instructions for box 12		
13 [] Statutory [] Retirement [] 3rd party sick		14 Other		
15 State TX	Employer's state ID	16 State wages \$5,170.34	17 State income tax \$0.00	18 Local wages \$0.00

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W-2 Wage and Tax Statement

Department of the Treasury – Internal Revenue Service

Copy C – For EMPLOYEE'S RECORDS

a Employee's social security number 735-13-6994		b Employer identification number (EIN)		
c Employer's name, address, and ZIP code TX		d Control number		
e Employee's first name and initial Last name Suff. Este Ofori 3 SOUTH ALTWOOD CIRCLE SPRING, TX 77382				
1 Wages, tips, other compensation \$5,170.34		2 Federal income tax withheld \$602.05		
3 Social security wages \$5,170.34		4 Social security tax withheld \$320.56		
5 Medicare wages and tips \$5,170.34		6 Medicare tax withheld \$74.97		
7 Social security tips \$0.00		8 Allocated tips \$0.00		
9		10 Dependent care benefits \$0.00		
11 Nonqualified plans \$0.00		12a See instructions for box 12		
13 <input type="checkbox"/> Statutory <input type="checkbox"/> Retirement <input type="checkbox"/> 3rd party sick		14 Other		
15 State TX	Employer's state ID	16 State wages \$5,170.34	17 State income tax \$0.00	18 Local wages \$0.00

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W-2 Wage and Tax Statement

Department of the Treasury – Internal Revenue Service
Copy 2 – To Be Filed With Employee's State/Local Tax Return

a Employee's social security number 735-13-6994		b Employer identification number (EIN)		
c Employer's name, address, and ZIP code TX		d Control number		
e Employee's first name and initial Last name Suff. Este Ofori 3 SOUTH ALTWOOD CIRCLE SPRING, TX 77382				
1 Wages, tips, other compensation \$5,170.34		2 Federal income tax withheld \$602.05		
3 Social security wages \$5,170.34		4 Social security tax withheld \$320.56		
5 Medicare wages and tips \$5,170.34		6 Medicare tax withheld \$74.97		
7 Social security tips \$0.00		8 Allocated tips \$0.00		
9		10 Dependent care benefits \$0.00		
11 Nonqualified plans \$0.00		12a See instructions for box 12		
13 <input type="checkbox"/> Statutory <input type="checkbox"/> Retirement <input type="checkbox"/> 3rd party sick		14 Other		
15 State TX	Employer's state ID	16 State wages \$5,170.34	17 State income tax \$0.00	18 Local wages \$0.00

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