	opy B—To Be File EDERAL Tax Retu		41-0852411 OMB No. 1545-0008				
a	Social Security Numbe	1 Wa	ges, tips, other comp.	2	Federal income tax withheld		
	,		5,128.45		716.66		
	555-12-3412	3 Soc	ial security wages	4	Social security tax withheld		
b	Employer ID number				330.96		
	98-3213211	5 Med	licare wages and tips	6	Medicare tax withheld		
					77.40		
c	Employer's name, addr	ress, and Z	ZIP code				
	SAMPLE CONSTRUCTION COMPANY 5525 SOUTH 900 EAST SUITE 125 SALT LAKE CITY, UT 84117						
d	Control number E000	0006-S6	-001				
е	Employee's name, add	ress, and a	ZIP code				
	12345 PARK AVE PORTLAND, OR S	92302					
7	Social security tips	8	Allocated tips	9	Advance EIC Payment		
10	Dependent care benefi	its 11	Nonqualified plans	1:	2a Code See inst. for box 12		
					D 4.55		
13	Statutory employee 14	4 Other		1:	2b Code		
	Retirement plan			1:	2c Code		
	Third-party sick pay			1:	2d Code		
0	R 12-34-56-78		5,128.45	1	369.00		
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	2	20 Locality name		
	rm W-2 Wage and Tax s is information is being fu		the Internal Revenue Serv	/ice.	Dept. of the Treasury IR		

			Employee's State,		41-0852411
	y or Local Incon				OMB No. 1545-0008
a S	Social security number	1 Wa	ages, tips, other comp.	2	Federal income tax withhel
55	55-12-3412		5,128.45		716.66
	00 12 0412	3 So	cial security wages	4	Social security tax withheld
b E	Employer ID number				330.96
00	8-3213211	5 Me	dicare wages and tips	6	Medicare tax withheld
90	5215211				77.40
сE	Employer's name, add	ress, and	ZIP code		
S	525 SOUTH 900 UITE 125 ALT LAKE CITY		117		
d (Control number E000	0006-S	6-001		
e E	Employee's name, add	ress, and	ZIP code		
7 5	Social security tips	8	Allocated tips	9	Advance EIC Payment
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	Den en de at e en de are		No	- 10	- Orde Ore inst factory
0 [Dependent care benef	its 11	Nonqualified plans		a Code See inst. for box 1
	·				D 4.55
	Dependent care benefi				
I 3 S	·			12	D 4.55
1 3 S	Statutory employee 1			12	D 4.55 b Code
1 3 5 F Th	Statutory employee 1 Retirement plan nird-party sick pay			12	D 4.55 b Code c Code
13 5 F Tr OR	Statutory employee 1 Retirement plan nird-party sick pay 12-34-56-78	4 Othe	· · ·	12 12 12	D 4.55 b Code c Code d Code
13 5 F Th OR 15 St	Statutory employee 1 Retirement plan nird-party sick pay 12-34-56-78	4 Othe	5,128.45	12	D 4.55 b Code c Code d Code 369.00
13 5 F Th OR 15 St	Statutory employee 1 Retirement plan 1 nird-party sick pay 1 12-34-56-78 1 tate Employer's state	4 Othe	5,128.45 r 16 State wages, tips, etc.	12	D 4.55 b Code c Code d Code 369.00 17 State income tax

C N	lotice to Employee	on ba			41-0852411 OMB No. 1545-0008
а	Social security number	1 Wa	ges, tips, other comp.	2	Federal income tax withheld
	555-12-3412		5,128.45		716.66
		3 Soc	cial security wages	4	Social security tax withheld
b	Employer ID number				330.96
	98-3213211	5 Med	dicare wages and tips	6	Medicare tax withheld 77.40
	SAMPLE CONSTI 5525 SOUTH 900 SUITE 125 SALT LAKE CITY	EAST			
d	Control number E000	006-Se	6-001		
_		one and	ZIP code		
e	Employee's name, add MARK O. PETERS 12345 PARK AVE	SEN NUE #/			
e	MARK O. PETER	SEN NUE #/			
e 7	MARK O. PETER 12345 PARK AVE	SEN NUE #/		9	Advance EIC Payment
-	MARK O. PETER 12345 PARK AVE PORTLAND, OR S	SEN NUE #4 92302	A	-	
7	MARK O. PETERS 12345 PARK AVE PORTLAND, OR S Social security tips	SEN NUE #4 92302	A Allocated tips	-	•
7	MARK O. PETERS 12345 PARK AVE PORTLAND, OR S Social security tips	SEN NUE #/ 02302 8 8 s 11	A Allocated tips Nonqualified plans	12	a Code See inst. for box 12
7	MARK O. PETERS 12345 PARK AVE PORTLAND, OR S Social security tips Dependent care benefit	SEN NUE #/ 02302 8 8 s 11	A Allocated tips Nonqualified plans	12	a Code See inst. for box 12 D 4.55
7	MARK O. PETERS 12345 PARK AVE PORTLAND, OR S Social security tips Dependent care benefit Statutory employee 14	SEN NUE #/ 02302 8 8 s 11	A Allocated tips Nonqualified plans	12	a Code See inst. for box 12 D 4.55 b Code
7	MARK O. PETER: 12345 PARK AVE PORTLAND, OR S Social security tips Dependent care benefit Statutory employee 14 Retirement plan	SEN NUE #/ 02302 8 8 s 11	A Allocated tips Nonqualified plans	12	a Code See inst. for box 12 D 4.55 b Code c Code
7 10 13	MARK O. PETER: 12345 PARK AVE PORTLAND, OR S Social security tips Dependent care benefit Statutory employee Retirement plan Third-party sick pay R 12-34-56-78	SEN NUE #/ 2302 8 s 11 . Other	A Allocated tips Nonqualified plans	12 12 12 12 12	a Code See inst. for box 12 D 4.55 b Code c Code d Code

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury -- IRS This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

	Copy 2—To Be Filed With Employee's State, 41-0852411 City or Local Income Tax Return. OMB No. 1545-0008							
а	Social security numbe 555-12-3412	r 1 Wag	es, tips, other comp. 5,128.45	2	Federal income tax withheld 716.66			
b	Employer ID number	3 Socia	al security wages	4	Social security tax withheld 330.96			
-	98-3213211	5 Medi	care wages and tips	6	Medicare tax withheld 77.40			
C	Employer's name, add SAMPLE CONST 5525 SOUTH 900 SUITE 125 SALT LAKE CITY	RUCTIO	N COMPANY					
d	Control number E00	0006-S6-	001					
е	Employee's name, add	dress, and Z	IP code					
	12345 PARK AVE PORTLAND, OR	92302						
7	Social security tips	8	Allocated tips	9	Advance EIC Payment			
10	Dependent care benef	iits 11	Nonqualified plans		a Code See inst. for box 12 D 4.55			
13	Statutory employee 1	4 Other		12	b Code			
	Retirement plan			12	c Code			
	Third-party sick pay			12	d Code			
0	R 12-34-56-78		5,128.45		369.00			
15	State Employer's state	ID number	16 State wages, tips, etc	.	17 State income tax			
	Local wages, tips, etc.		ocal income tax		D Locality name			
Fo	orm W-2 Wage and Tax	Statement	2023		Dept. of the Treasury IRS			

C F	Copy B—To Be Filed With Employee's FEDERAL Tax Return.					41-0852411 OMB No. 1545-0008	
a	Social Security Numbe	5,128.45			716.66		
b	Employer ID number	3 Soc	ial security wages	4	Social s		
D		5 Med	licare wages and tips	6	Medica	330.96 re tax withheld	
	98-3213211		indire hagee and ape		moulou	77.40	
с	Employer's name, add	ress, and Z	IP code	-			
	SAMPLE CONST 5525 SOUTH 900 SUITE 125 SALT LAKE CITY	EAST					
d	Control number	nmary-T	otal				
е	Employee's name, add	Iress, and 2	ZIP code				
7	Social security tips	8	Allocated tips	9	Advan	ce EIC Payment	
10	Dependent care benef	its 11	Nonqualified plans	12	a Code	See inst. for box 12	
	Otertesterre environmentaria d	1 Others		- 10	D b Code	4.55	
13	Statutory employee 1	4 Other		12	b Code		
	Retirement plan			12	c Code		
	Third-party sick pay			12	d Code		
			5,128.45			369.00	
15	State Employer's state	ID number	16 State wages, tips, etc		17 State	e income tax	
18	Local wages, tips, etc.	19	Local income tax	2	0 Localit	y name	
	rm W-2 Wage and Tax		2023		Dep	t. of the Treasury IF	

			Employee's State	,	41-085		
С	ity or Local Incon				OMB No. 1		
а	Social security number	1 Wa	ages, tips, other comp.	2			
	000-00-0000		5,128.45		716.6		
		3 So	cial security wages	4	Social security	tax withheld	
b	Employer ID number					330.96	
	98-3213211	5 Me	edicare wages and tips	6	Medicare tax w	/ithheld	
						77.40	
С	Employer's name, add	ress, and	ZIP code				
	5525 SOUTH 900 SUITE 125 SALT LAKE CITY	-	117				
d	Control number Sum	mary-1	Total				
е	Employee's name, add	ress, and	ZIP code				
7	Social security tips	8	Allocated tips	9	Advance EIC	Payment	
10	Dependent care benef	its 11	Nonqualified plans	12	2a Code Seei D	nst. for box 12 4.55	
3	Statutory employee 1	4 Othe	r	12	2b Code		
	Retirement plan			12	c Code		
	Third-party sick pay			12	2d Code		
			5,128.45	·	:	369.00	
			er 16 State wages, tips, et		17 State incom		
18	Local wages, tips, etc.	19	Local income tax	2	0 Locality name		
	rm W-2 Wage and Tax		nt 2023			Treasury	

	lotice to Employee	e on l			41-0852411 OMB No. 1545-0008
а	Social security number	1 \	Wages, tips, other comp.	2	Federal income tax withheld
	000-00-0000		5,128.45		716.66
b	Employer ID number	3 5	Social security wages	4	Social security tax withheld 330.96
	98-3213211	5 M	Medicare wages and tips	6	Medicare tax withheld 77.40
С	Employer's name, addr	ess, ar	nd ZIP code		
	5525 SOUTH 900 SUITE 125 SALT LAKE CITY	-			
d	Control number Sum	mary	y-Total		
e	Employee's name, add	ress, ai	nd ZIP code		
		W-2			
7	Social security tips		8 Allocated tips	9	Advance EIC Payment
	Social security tips Dependent care benefi				Advance EIC Payment 2a Code See inst. for box 12 D 4.55
	2 1	its 1	8 Allocated tips	12	a Code See inst. for box 12
0	Dependent care benefi	its 1	8 Allocated tips 1 Nonqualified plans	12	2a Code See inst. for box 12 D 4.55
0	Dependent care benefi Statutory employee 14	its 1	8 Allocated tips 1 Nonqualified plans	12 12 12 12	Code See inst. for box 12 D 4.55 Code
0	Dependent care benefi Statutory employee 1 Retirement plan Third-party sick pay	its 1 4 Oth	Allocated tips Nonqualified plans her 5,128.45	12 12 12 12 12	ta Code See inst. for box 12 D 4.55 tb Code tc Code td Code 369.00
15	Dependent care benefi Statutory employee 1 Retirement plan Third-party sick pay	its 1 4 Oth	8 Allocated tips 1 Nonqualified plans her	12 12 12 12 12	2a Code See inst. for box 12 D 4.55 2b Code 2c Code 2d Code

	d Control number Summary-Total	
	e Employee's name, address, and ZIP code	
	* * Summary W-2 * *	
Advance EIC Payment	7 Social security tips 8 Allocated tips	9 Advance EIC Paym
Code See inst. for box 12 D 4.55	10 Dependent care benefits 11 Nonqualified plans	12a Code See inst. fo D 4.
Code	13 Statutory employee 14 Other	12b Code
: Code	Retirement plan	12c Code
I Code	Third-party sick pay	12d Code
369.00	5,128.45	369.
7 State income tax	15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax
Locality name	18 Local wages, tips, etc. 19 Local income tax	20 Locality name
Dept. of the Treasury IRS	Form W-2 Wage and Tax Statement 2023	Dept. of the Treasu

Copy 2—To Be Filed With Employee's State, City or Local Income Tax Return.

Social security number 1 Wages, tips, other comp.

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SAMPLE CONSTRUCTION COMPANY

c Employer's name, address, and ZIP code

SALT LAKE CITY, UT 84117

5525 SOUTH 900 EAST

а

000-00-0000

98-3213211

SUITE 125

b Employer ID number

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. Dept. of the Treasury -- IRS Dept. of the Treasury -- IRS

41-0852411 OMB No. 1545-0008

Federal income tax withheld

Social security tax withheld

Medicare tax withheld

Advance EIC Payment Code See inst. for box 12

4.55

369.00

716.66

330.96

77.40

2

6

5,128.45

Social security wages

Medicare wages and tips