

22222		VOID <input type="checkbox"/>	a Employee's social security number 111-22-3333		For Official Use Only ▶ OMB No. 1545-0008			
b Employer identification number (EIN) 561234567			1 Wages, tips, other compensation 1160.66		2 Federal income tax withheld 103.00			
c Employer's name, address, and ZIP code GENEVA BEHAVIORAL HEALTH 445 DOLLEY MADISON RD GREENSBORO, NC 27410			3 Social security wages 1160.66		4 Social security tax withheld 71.96			
			5 Medicare wages and tips 1160.66		6 Medicare tax withheld 16.83			
			7 Social security tips		8 Allocated tips			
d Control number 111223333			47722		9			
e Employee's first name and initial BEN		Last name FRANKLIN		Suff.		11 Nonqualified plans		
f Employee's address and ZIP code 5098 NEW GARDEN ROAD APT 6B GREENSBORO, NC 27410			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12		12b	
			14 Other		12c		12d	
			15 State Employer's state ID number NC 22-11122333		16 State wages, tips, etc. 1160.66		17 State income tax 49.00	
19 Local income tax		20 Locality name						

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

2021

Department of the Treasury—Internal Revenue Service
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22222		VOID <input type="checkbox"/>	a Employee's social security number 101-20-2345		For Official Use Only ▶ OMB No. 1545-0008			
b Employer identification number (EIN) 561234567			1 Wages, tips, other compensation 6360.04		2 Federal income tax withheld 596.00			
c Employer's name, address, and ZIP code GENEVA BEHAVIORAL HEALTH 445 DOLLEY MADISON RD GREENSBORO, NC 27410			3 Social security wages 6646.44		4 Social security tax withheld 412.08			
			5 Medicare wages and tips 6646.44		6 Medicare tax withheld 96.38			
			7 Social security tips		8 Allocated tips			
d Control number 101202345			47723		9			
e Employee's first name and initial TEDDY		Last name ROOSEVELT		Suff.		11 Nonqualified plans		
f Employee's address and ZIP code 1098 FRIENDLY AVE APT 3B GREENSBORO, NC 27410			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12 D 572.80		12b	
			14 Other SUI 15.90		12c		12d	
			15 State Employer's state ID number NC 22-11122333		16 State wages, tips, etc. 6360.04		17 State income tax 332.00	
19 Local income tax		20 Locality name						

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

2021

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