Employee Reference Copy Wage and Tax Statement C for employee's records Employer use only Control number Corp. 0000000001 VXF 1111 E S

Employer's name, address, and ZIP code ADP TEST COMPANY **54321 ADP BLVD** THIRD FLOOR

e/f Employee's name, address, and ZIP code

ATLANTA, GA 11111-1111

**EMPLOYEE USER8** 123 ANY STREET ANYTOWN, NY 11111

b	Emplo	yer's FED ID number 11-1111111	а	Employ		XX-0000
1	Wages	s, tips, other comp. 26625.17	2	Federal	income	tax withheld 3163.37
3	Social	security wages 27545.16	4	Social	security	tax withheld 1707.80
5	Medic	are wages and tips 27545.16	6	Medica	re tax w	ithheld 399.40
7	Social	security tips	8	Allocate	ed tips	
9			10	Depend	ent car	e benefits
11	Nonqu	alified plans	12a	See inst	ructions f	or box 12 919.99
14	Other	2960.00 MEDICALEE	12b	DD		7336.80
14	Other			1		341141641105
			12d			
				Stat emp	Ret. plan	3rd party sick pay
15	State	Employer's state ID n	16	State w		ps, etc. 26625.17
17	State	income tax 847.08	18	Local v	vages, ti	ps, etc.
19	Local	income tax	20	Locality	name	

2 Federal income tax withheld Wages, tips, other comp. 3163.37 26625.17 3 Social security wages 27545.16 4 Social security tax withheld 1707.80 Medicare wages and tips 27545.16 6 Medicare tax withheld 399.40 d Control number Corp. Employer use only 0000000001 VXF 1111

c Employer's name, address, and ZIP code

ADP TEST COMPANY **54321 ADP BLVD** THIRD FLOOR ATLANTA, GA 11111-1111

b	Employer's FED ID number 11-1111111	a Employee's SSA number XXX-XX-0000				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a See instructions for box 12 D 919.99				
14	Other 2960.00 MEDICALEE	<sup>12b</sup> DD 7336.80				
		12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				

e/f Employee's name, address and ZIP code

EMPLOYEE USER8 123 ANY STREET ANYTOWN, NY 11111

15	State AR	Employer's state ID no. 11111111111	16	State	wages,	tips, etc. 26625.17
17	State	income tax 847.08	18	Local	wages,	tips, etc.
19	Local	income tax	20	Local	ity nam	9

Federal Filing Copy Wage and Tax Statement

B to be filed with employee's Federal Income Tax Return.

2022 W-2 and EARNINGS SUMMARY

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

> To change your employee W-4 profile information, file a new W-4 with your payroll department.

EMPLOYEE USER8 123 ANY STREET ANYTOWN, NY 11111

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PAGE 01 OF 01

Wages, tips, other comp. 26625.17	2 Federa	income tax withheld 3163.37	1	Wage	es, tips, other 266	comp. 25.17		
Social security wages 27545.16	4 Social	security tax withheld 1707.80	3	Socia	al security was	ges 45.16		
Medicare wages and tips 27545.16	6 Medica	e tax withheld 399.40	5	Medic	care wages ar	nd tips 45.16		
d Control number Dept. 00000000001 VXF	Corp. <b>1111</b>	Employer use only	d 00	-7.5	rol number 001 VXF	Dept.		
ADP TEST COMPAN 54321 ADP BLVD THIRD FLOOR ATLANTA, GA 111				ADP 5432 THIR	oyer's name, TEST CO 1 ADP BL RD FLOOR ANTA, GA	MPAN .VD		
Employer's FED ID number 11-111111	umber a Employee's SSA number XXX-XX-0000				b Employer's FED ID number			
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	12c							
	12d							
	13 Stat emp	Ret. plan 3rd party sick pay						
e/f Employee's name, address	and ZIP code		e/f	Empl	oyee's name,	address		
EMPLOYEE USER8 123 ANY STREET ANYTOWN, NY 11	111			123	LOYEE US ANY STRI TOWN, N	EET		
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17 State income tax 847.08	18 Local	vages, tips, etc.			8	47.08		

Wage and Tax

Copy 2 to be filed with employee's State Income Tax Return.

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d Control number 00000000001 VXF	ept.	Corp. 1111	Employe	r use	only 1		
ADP TEST COMP 54321 ADP BLVD THIRD FLOOR ATLANTA, GA	ANY						
b Employer's FED ID nun 11-111111	nber	a Employee's SSA number XXX-XX-0000					
7 Social security tips		8 Allocated tips					
9		10 Dependent care benefits					
11 Nonqualified plans		12a D   919.99					
14 Other 2960.00 MEDICA	LEE	12b DD					
		12c					
		12d					
		13 Stat emp.	Ret. plan	3rd party	sick pay		
e/f Employee's name, addr EMPLOYEE USER 123 ANY STREET ANYTOWN, NY	1111	11	ages, tip	s, etc.			
AR 1111111111				6625.	17		

Social Security Number: XXX-XX-0000

2 Federal income tax withheld

Social security tax withheld 1707.80

6 Medicare tax withheld

3163.37

City or Local Filing Copy Wage and Tax Statement

18 Local wages, tips, etc.

20 Locality name