

a Employee's social security number <b>624-28-XXXX</b>		Safe, accurate, FAST! Use		Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a> .	
b Employer identification number (EIN) <b>29-12300178</b>		1 Wages, tips, other compensation <b>9246.33</b>		2 Federal income tax withheld <b>310.20</b>	
c Employer's name, address, and ZIP code <b>Buy More 55500 Plasma Blvd Jewelweed, CA 90123</b>		3 Social security wages <b>9246.33</b>		4 Social security tax withheld <b>699.21</b>	
		5 Medicare wages and tips <b>9246.33</b>		6 Medicare tax withheld <b>242.3</b>	
		7 Social security tips		8 Allocated tips	
d Control number		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. <b>Oak, P. Ivy 87787 Rash Court Jewelweed, CA 90123</b>		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other <b>CASDI 125.30</b>		12c	
f Employee's address and ZIP code				12d	
15 State Employer's state ID number <b>28 3710055267</b>	16 State wages, tips, etc. <b>9246.33</b>	17 State income tax <b>177.88</b>	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2 Wage and Tax Statement** Department of the Treasury-Internal Revenue Service

Copy B-To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

a Employee's social security number <b>599-64-XXXX</b>		Safe, accurate, FAST! Use		Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a> .	
b Employer identification number (EIN) <b>31-258365401</b>		1 Wages, tips, other compensation <b>12585.32</b>		2 Federal income tax withheld <b>1510.10</b>	
c Employer's name, address, and ZIP code <b>All Seasons Resort and Spa 453 Leafy Avenue SW Fall, CA 96634</b>		3 Social security wages <b>12585.32</b>		4 Social security tax withheld <b>780.27</b>	
		5 Medicare wages and tips <b>12585.32</b>		6 Medicare tax withheld <b>182.48</b>	
		7 Social security tips		8 Allocated tips	
d Control number		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. <b>Summer, Winter 23235 Autumn Avenue Fall, CA 96634</b>		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other <b>CA SDI 72.30</b>		12c	
f Employee's address and ZIP code				12d	
15 State Employer's state ID number <b>29 53214789</b>	16 State wages, tips, etc. <b>12585.32</b>	17 State income tax <b>152.67</b>	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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