

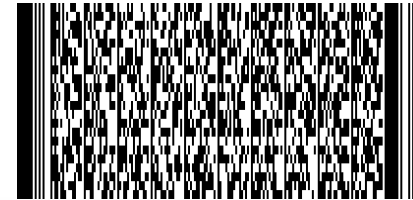
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OMB No. 1545-0008

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

Department of the Treasury -- Internal Revenue Service

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22222		a Employee's social security number			
b Employer identification number 35-6321571		c Control number		1 Wages, tips, other comp. 35000.00	
d Employer's name, address, and ZIP code TAXSLAYER LLC 3003 ALLEN DRIVE  EVANS GA 30809		3 Social security wages 35000.00		2 Federal income tax withheld 2542.00	
		5 Medicare wages and tips 35000.00		4 Social security tax withheld 2170.00	
		7 Social security tips		6 Medicare tax withheld 507.50	
<p>Copy A For Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable. For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.</p>		9 Advance EIC payment		8 Allocated tips	
		11 Nonqualified plans		10 Dependent care benefits	
e Employee's first name & initial TEST N		Last name BARCODE		12a See instructions for box 12	
f Employee's address and ZIP code 123 LAID BACK WAY  EVANS GA 30809		13 Statutory employee Retirement plan Third-party sick pay		12b	
		14		12c	
				12d	
15 State Employer's state ID number GA 35632157199		16 State wages, tips, etc. 35000.00		17 State income tax 615.42	
				18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	