Copy B-To Be Filed With Federal Tax Return.	n Employee's	41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no. XXX-XX-2225	1 Wages, tips, other comp. 13061.24	2 Federal income tax withheld 1151.00	
	3 Social security wages	4 Social security tax withheld	
b Employer ID number (EIN)	5 Medicare wages and tips	6 Medicare tax withheld	
43-1711411	5 Medicale wages and lips		
c Employer's name, address, a	and ZIP code		
DOTEC CORP			
424 JEFFERSON S	ST .		
SAINT CHARLES	MC	63301	
d Control number			
e Employee's name, address,	and ZIP code	Suff.	
MENSUR 3320 LOCUST ST A	KOKSALAN YALC APT 911	INKAYA	
SAINT LOUIS	М	63103	
7 Social security tips	8 Allocated tips	9 Verification code	
0 Dependent care benefits	11 Nonqualified plans	12a Code	
3 Statutory employee 14 Oth	er	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
MO 15817016	13061.24	255.00	
5 State Employer's state ID nu	mber 16 State wages, tips, etc.	17 State income tax	
8 Local wages, tips, etc.	19 Local income tax	20 Locality name	

41-0852411 OMB No. 1545-0008 Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy E on the back of Copy B. a Employee's soc. sec. no. 1 Wages, tips, other comp. 13061.24 2 Federal income tax withheld 1151.00 XXX-XX-2225 3 Social security wages 4 Social security tax withheld b Employer ID number (EIN) 6 Medicare tax withheld 5 Medicare wages and tips 43-1711411 c Employer's name, address, and ZIP code DOTEC CORP 424 JEFFERSON ST MO 63301 SAINT CHARLES d Control number 30 e Employee's name, address, and ZIP code Suff. MENSUR KOKSALAN YALCINKAYA 3320 LOCUST ST APT 911 SAINT LOUIS 63103 MO 7 Social security tips 8 Allocated tips 9 Verification code 12a Code 10 Dependent care benefits 11 Nonqualified plans 13 Statutory employee 12b Code 14 Other Retirement plan 12c Code Third-party sick pay 12d Code MO 15817016 13061.24 255.00 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 19 Local income tax 20 Locality name 18 Local wages, tips, etc. Form W-2 Wage and Tax Statement

This information is being furnished to the IRS. If you are required to file a tax return, a negligence cannot be other sended may be invised on the first required to file a tax return, a negligence cannot be other sended may be invised on the first file. Dept. of the Treasury - IRS

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a Employee's soc. sec. no.	1 Wag	1 Wages, lips, other comp. 13061.24 3 Social security wages 5 Medicare wages and lips		2 Federal income tax withheld 1151.00 4 Social security tax withheld 6 Medicare tax withheld	
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b Employer ID number (EIN)					
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43-1711411 c Employer's name, address	and ZIP	ode	_		
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e Employee's name, address	s, and ZIP	code		Suff.	
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Retirement plan			12	12c Code	
Third-party sick pay			12	12d Code	
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15 State Employer's state ID	number 1	6 State wages, tips, et	с.	17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		Locality name	
Form W-2 Wage and Tax St	atement	2022	Ц,	Dept. of the Treasury – IRS	

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