

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

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

Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)
Tax Year **2023**

a. EMPLOYEE'S name, address, and ZIP code
 EMPLOYEE'S name, address, and ZIP code
 LINCOLN NATL LIFE INS CO
 PO BOX 1110
 FORT WAYNE, IN 46801

b. EMPLOYEE'S name, address, and ZIP code
 EMPLOYEE'S name, address, and ZIP code
 LINCOLN NATL LIFE INS CO
 PO BOX 1110
 FORT WAYNE, IN 46801

c. EMPLOYER'S name, address, and ZIP code
 EMPLOYER'S name, address, and ZIP code
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 PO BOX 1110
 FORT WAYNE, IN 46801

10 Dependent care benefits
 See instructions for box 12

11 Nonqualified plans

12a **12b** **12c** **12d** **12e**

13 Statutory employee Retirement plan Third-party sick pay

14 Other

15 State/employer's state ID TX/350472300
16 State wages, tips, etc. \$0.00
17 State income tax \$0.00

18 Local wages, tips, etc.
19 Local income tax
20 Locality name

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Copy B-To Be Filed With Employee's FEDERAL Tax Return.
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Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.
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