Copy B - For Employee's Federal Income Tax Return					2023	OMB No. 1545-0008	
a Employee's social security number	1 Wage	es, tips, other o	omp. 979.38	2 Federa	2 Federal income tax withheld 6541.51		
825-12-2809	3 Socia	I security wag		4 Social	4 Social security tax withheld		
Employer ID number	\dashv		979.38		2478.71		
36-3986047	5 Medio	care wages an	id tips 979.38	6 Medica	6 Medicare tax withheld 579.70		
Employer's name, address, Horizontal In 1660 Highway Ste 200 St Louis Park	itegra 100 S	tion					
Control number N4698 14700							
1351 Hampshir Apt 309 St. Louis Par	k, MN			9 Adv	ance EIC payment		
10 Dependent care benefits	11	Nonqualified	plans				
^{2a} DD	207	79.32	13 Statutory employee Retirement plan 3rd-party sic			d-party sick pay	
2b W	121	6.64	14 Other				
12d							
N/A		1	I/A		N/A		
15 State Employer's State ID#	5 State Employer's State ID# 16 State wag		, . ,		ate income tax		
18 Local wages, tips, etc.		19 Local income tax		20 Lo	20 Locality name		
N/A		N/A			N/A		

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service

Copy 2 - For Employee				[MN]	2023	OMB No. 1545-0008	
a Employee's social security number	1 Wages	s, tips, other 399	comp. 979.38	2 Federal income tax withheld 6541.51			
825-12-2809 b Employer ID number	3 Social	security wag	jes 979.38	4 Social security tax withheld 2478.71			
36-3986047	5 Medic	are wages ar	nd tips 979.38	6 Medicare tax withheld 579.70			
cEmployer's name, address, an Horizontal Int 1660 Highway 1 Ste 200 St Louis Park,	egrat 00 S	tion					
d Control number N4698 14700							
Apt 309 St. Louis Park 7 Social security tips		55426		9 Adva	ance EIC payment		
10 Dependent care benefits 11		Nonqualified plans		+			
12a DD	2079.32		13 Statutory employee Retirement plan 3rd-party sick pa				
12b W	1216.64		14 Other				
12d			-				
MN 5144711			39979.38		2!	582.00	
15 State Employer's State ID#		16 State wages, tips, etc.			17 State income tax		
18 Local wages, tips, etc. N/A		19 Local income tax N/A		20 Lc	20 Locality name N/A		
Form W-2 Wage and Tax State	mont					e Treasury - IF	

Form W-2 Wage and Tax Statement

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Copy C -	FOR EMPI	LOYE	EE'S RE	CORDS ON	LY	2023	OMB No. 1545-0008		
security number			Vages, tips, other comp. 39979.38			2 Federal income tax withheld 6541.51			
825-12-		3 Socia	ial security wages		4 Social security tax withheld				
b Employer ID r		39979.38			2478.71				
36-3986047		5 Medic	ledicare wages and tips 39979.38			6 Medicare tax withheld 579.70			
Horizon 1660 Hi Ste 200	me, address, and ntal Inte Ighway 1() Is Park,	egra 00 S	tion						
d Control number N4698	14700								
Hussair 1351 Ha Apt 309	ame, address, and n Valli S ampshire n nis Park	Shai Ave	k S						
7 Social security tips 8		8 <i>F</i>	3 Allocated tips			9 Advance EIC payment			
10 Dependent of	are benefits	11	Nonqualified	plans					
12a DD		207	9.32	13 Statutory employee Retirement plan 3rd-party sid			3rd-party sick pay		
12b W		1216.64		14 Other					
12c									
12d									
MN 514	4711			39979.38			2582.00		
15 State Employer's State ID#			16 State wages, tips, etc.		17 State income tax				
18 Local wages, tips, etc.			19 Local income tax		20 Locality name				
N/A			N/A		N/A				

Form W-2 Wage and Tax Statement

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