

a Employee's social security number
XXX-XX-0875

OMB No. 1545-0008

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www.irs.gov/efile

b Employer identification number (EIN) 90-0085691		1 Wages, tips, other compensation 117407.70		2 Federal income tax withheld 19457.73		
c Employer's name, address, and ZIP code CENTIZEN INC 5170 NW 126TH TER PORTLAND OR 97229		3 Social security wages 117407.70		4 Social security tax withheld 7279.28		
		5 Medicare wages and tips 117407.70		6 Medicare tax withheld 1702.41		
		7 Social security tips		8 Allocated tips		
d Control number		9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. GURPREET SINGH 16012 PEMBERLY WAY # L HASLET TX 76052		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		12c		
				12d		
f Employee's address and ZIP code						
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

2023

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.