2023 W-2 and EARNINGS SUMMARY



Employee Reference Copy 2 Wage and Tax Statement

Copy C for employee's records.
d Control number Dept. 031542 ATLA/46K SF0150

Employer use only

Employer's name, address, and ZIP code

STRATEGIC STAFFING SOLUT IONS 3011 W GRAND BLVD # 2100 DETROIT MI 48202

Batch #08660

R

e/f Employee's name, address, and ZIP code

JEFFREY WARREN 277 EAST PALMER STREET DETROIT MI 48202

b	Emplo	oyer's FED ID number 59-3455070	a Employee's SSA number XXX-XX-0226		
1	Wage	s, tips, other comp.	2 Federal income tax withheld		
		36513.88	5895.49		
3	Socia	I security wages	4 Social security tax withheld		
		36513.88	2263.86		
5	Medic	are wages and tips	6 Medicare tax withheld		
	36513.88		529.45		
7	Socia	I security tips	8 Allocated tips		
9			10 Dependent care benefits		
11	Nonq	ualified plans	12a See instructions for box 12		
4.4	Other		12b		
14	Otnei	328.62 SDI	12c		
		320,02 301	12d		
			13 Stat emp. Ret. plan 3rd party sick pa		
15	State	Employer's state ID	no. 16 State wages, tips, etc.		
CA 438-6032 9			36513.88		
17	State	income tax	18 Local wages, tips, etc.		
		2538.64			
19	Local	income tax	20 Locality name		

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	36,513.88	36,513.88	36,513.88	36,513.88
Reported W-2 Wages	36,513.88	36,513.88	36,513.88	36,513.88

2. Employee Name and Address.

JEFFREY WARREN 277 EAST PALMER STREET DETROIT MI 48202

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Fold and Detach Here

1 Wages, tips, other comp. 36513.88			2 Federa	income	tax withheld 5895.49
3	3 Social security wages 36513.88		4 Social	security	tax withheld 2263,86
5	Medicare wages and 365	6 Medica	are tax wi	thheld 529.45	
d	Control number	Dept.	Corp.	Emplo	yer use only
03	31542 ATLA/46K	SF0150		Т	1584
c Employer's name, address, and 7IP code					

STRATEGIC STAFFING SOLUT IONS 3011 W GRAND BLVD # 2100 DETROIT MI 48202

b	Employer's FED ID number 59-3455070	a Employee's SSA number XXX-XX-0226			
7	Social security tips	8 Allocated tips			
g		10 Dependent care benefits			
11	Nonqualified plans	12a See instructions for box 12			
14	Other	12b			
	328.62 SDI	12c			
		12d			
		13 Stat emp. Ret. plan 3rd party sick pay			

JEFFREY WARREN 277 EAST PALMER STREET DETROIT MI 48202

15 State CA	Employer's state ID no. 438-6032 9	16 State wages, tips, etc. 36513.88
17 State	income tax 2538.64	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name

Federal Filing Copy Wage and Tax Statement OMB No.
Copy B to be filed with employee's Federal Income Tax Return.

1	Wages, tips, other of	2 Federa	al income	tax withheld 5895.49	
3 Social security wages 36513.88		4 Social	security	tax withheld 2263.86	
5 Medicare wages and tips 36513.88		6 Medic	are tax wit	thheld 529.45	
d	Control number	Dept.	Corp.	Emplo	yer use only
03	31542 ATLA/46K	SF0150		T	1584
C	Employer's name, a STRATEG IONS				UT

3011 W GRAND BLVD # 2100 DETROIT MI 48202

b	Employer's FED ID number 59-3455070	a Employee's SSA number XXX-XX-0226		
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9		10 Dependent care benefits		
11	Nonqualified plans	12a		
14	Other	12b		
	328.62 CA SDI	12c		
	020/02 0/100/	12d		
		13 Stat emp. Ret. plan 3rd party sick pay		

JEFFREY WARREN 277 EAST PALMER STREET DETROIT MI 48202

15 State CA	Employer's state ID no. 438-6032 9	16 State wages, tips, etc. 36513.88
17 State	income tax 2538.64	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name

CA	.State Re	ferenc	e Cop	٧
W-2	Wage at	nd Tax	20	22
	Stateme		LU	20
ome 2 to be filed with	ampleuse's Ctate	Incomo Torr	DAMR NO.	1545-0008

1	Wages, tips, other comp. 36513.88			Federa	l income	tax withheld 5895.49
3	Social security wages 36513,88			Social	security	tax withheld 2263.86
5	Medicare wages and tips 36513.88		6	Medica	re tax w	ithheld 529.45
d	Control number	Dept.		Corp.	Empl	loyer use only
031542 ATLA/46K SF0150					T	1584

Employer's name, address, and ZIP code

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	OEGIGE O/(OB)	12d		
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e/f Employee's name, address and ZIP code

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state Filing Cor Wage and Tax Statement