

Copy B -- To Be Filed With Employee's FEDERAL Tax Return.		
<b>a</b> Employee's soc. sec. no 695-66-5859	<b>1</b> Wages, tips, other comp. 92624.00	<b>2</b> Federal income tax withheld 14001.92
<b>b</b> Employer ID number (EIN) 88-1356079	<b>3</b> Social security wages	<b>4</b> Social security tax withheld
	<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld
<b>c</b> Employer's name, address and ZIP code Dataflake LLC 400 E Royal Ln Ste 206 Irving TX 75039		
<b>d</b> Control number WA-48625145		
<b>e</b> Employee's name, address, and ZIP code Saddam Mohammad 5606 beechtree ln Maineville, OH 45039		
<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>9</b>
<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b>
<b>13</b> Statutory employee <input type="checkbox"/>	<b>14</b> Other	<b>12b</b>
<b>13</b> Retirement plan <input type="checkbox"/>		<b>12c</b>
<b>13</b> Third-party sick pay <input type="checkbox"/>		<b>12d</b>
<b>15</b> State Employer's state ID number OH 54-211343	<b>16</b> State wages, tips, etc. 92624.00	<b>17</b> State income tax 3013.85
<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name

Form W-2 Wage and Tax Statement **2023** Dept. of the Treasury -- IRS  
This information is being furnished to the Internal Revenue Service.

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