

<b>a</b> Employee's SSN 453-59-0739		<b>b</b> Employer identification number (EIN) 45-5385596			OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code REDEMPTION CHURCH OF PLANO, TEXAS  1113 LOMBARDY DR  PLANO TX 75023		<b>1</b> Wgs, tips, other compn 12000.00	<b>2</b> Fed inc tax withheld	<b>3</b> Social security wages 12000.00	Form <b>W-2</b> <b>Wage and Tax Statement</b> <b>2021</b>  Copy B To Be Filed with Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service.	
		<b>4</b> SS tax withheld 744.00	<b>5</b> Medicare wages & tips 12000.00	<b>6</b> Medicare tax withheld 174.00		
		<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>9</b>		
<b>d</b> Control number		<b>10</b> Depdnt care benefits	<b>11</b> Nonqualified plans	<b>12a</b>		
<b>e</b> Employee's name, address, and ZIP code Suff.  CHRISTOPHER C FLUITT 1113 LOMBARDY DR PLANO TX 75023		<b>13</b> Statutory employee <input type="checkbox"/>	<b>14</b> Other	<b>12b</b>		
		Retirement plan <input type="checkbox"/>		<b>12c</b>		
		Third-party sick pay <input type="checkbox"/>		<b>12d</b>		
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	<b>20</b> Locality name

REV 12/03/21 QBDT

Department of the Treasury — IRS

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<b>c</b> Employer's name, address, and ZIP code REDEMPTION CHURCH OF PLANO, TEXAS  1113 LOMBARDY DR  PLANO TX 75023		This information is being furnished to the IRS. 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.				
		<b>1</b> Wgs, tips, other compn 12000.00	<b>2</b> Fed inc tax withheld	<b>3</b> Social security wages 12000.00	Form <b>W-2</b> <b>Wage and Tax Statement</b> <b>2021</b>  Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee.)	
		<b>4</b> SS tax withheld 744.00	<b>5</b> Medicare wages & tips 12000.00	<b>6</b> Medicare tax withheld 174.00		
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		Retirement plan <input type="checkbox"/>		<b>12c</b>		
		Third-party sick pay <input type="checkbox"/>		<b>12d</b>		
<b>15</b> State	Employer's state ID No.	<b>16</b> State wages, tips, etc	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	<b>20</b> Locality name

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<b>a</b> Employee's SSN 520-41-5978		<b>b</b> Employer identification number (EIN) 45-5385596			OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code REDEMPTION CHURCH OF PLANO, TEXAS  1113 LOMBARDY DR  PLANO TX 75023		<b>1</b> Wgs, tips, other compn 1200.00	<b>2</b> Fed inc tax withheld	<b>3</b> Social security wages 1200.00	Form <b>W-2</b> <b>Wage and Tax Statement</b> <b>2021</b>  Copy B To Be Filed with Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service.	
		<b>4</b> SS tax withheld 74.40	<b>5</b> Medicare wages & tips 1200.00	<b>6</b> Medicare tax withheld 17.40		
		<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>9</b>		
<b>d</b> Control number		<b>10</b> Depdnt care benefits	<b>11</b> Nonqualified plans	<b>12a</b>		
<b>e</b> Employee's name, address, and ZIP code Suff.  ALEX SIDEBOTTOM 9450 FOREST SPRINGS DR APT 1706 DALLAS TX 75243		<b>13</b> Statutory employee <input type="checkbox"/>	<b>14</b> Other	<b>12b</b>		
		Retirement plan <input type="checkbox"/>		<b>12c</b>		
		Third-party sick pay <input type="checkbox"/>		<b>12d</b>		
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	<b>20</b> Locality name

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		Retirement plan <input type="checkbox"/>		<b>12c</b>		
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<b>a</b> Employee's SSN 630-24-4420		<b>b</b> Employer identification number (EIN) 45-5385596			OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code REDEMPTION CHURCH OF PLANO, TEXAS  1113 LOMBARDY DR  PLANO TX 75023		<b>1</b> Wgs, tips, other compn 2040.00	<b>2</b> Fed inc tax withheld	<b>3</b> Social security wages 2040.00	Form <b>W-2</b> <b>Wage and Tax Statement</b> <b>2021</b>  Copy B To Be Filed with Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service.	
		<b>4</b> SS tax withheld 126.48	<b>5</b> Medicare wages & tips 2040.00	<b>6</b> Medicare tax withheld 29.58		
		<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>9</b>		
<b>d</b> Control number		<b>10</b> Depdnt care benefits	<b>11</b> Nonqualified plans	<b>12a</b>		
<b>e</b> Employee's name, address, and ZIP code Suff.  VICKERY A SKINNER 4909 HAVERWOOD LN APT 2219 DALLAS TX 75287		<b>13</b> Statutory employee <input type="checkbox"/>	<b>14</b> Other	<b>12b</b>		
		Retirement plan <input type="checkbox"/>		<b>12c</b>		
		Third-party sick pay <input type="checkbox"/>		<b>12d</b>		
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	<b>20</b> Locality name

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