

22222		Void <input type="checkbox"/>	a Employee's social security number 453-59-0739		For Official Use Only ▶ OMB No. 1545-0008		
b Employer identification number (EIN) 45-5385596				1 Wages, tips, other compensation 12000.00		2 Federal income tax withheld	
c Employer's name, address, and ZIP code REDEMPTION CHURCH OF PLANO, TEXAS 1113 LOMBARDY DR PLANO TX 75023				3 Social security wages 12000.00		4 Social security tax withheld 744.00	
				5 Medicare wages and tips 12000.00		6 Medicare tax withheld 174.00	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial CHRISTOPHER C		Last name FLUITT		Suff		11 Nonqualified plans	
f Employee's address and ZIP code 1113 LOMBARDY DR PLANO TX 75023				13 Statutory employee Retirement plan Third-party sick pay		12a See instructions for box 12	
				14 Other		12b	
						12c	
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
0000/ 1030D

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Copy A For Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

Do Not Cut, Fold, or Staple Forms on This Page

REV QB DT

22222		Void <input type="checkbox"/>	a Employee's social security number 520-41-5978		For Official Use Only ▶ OMB No. 1545-0008		
b Employer identification number (EIN) 45-5385596				1 Wages, tips, other compensation 500.00		2 Federal income tax withheld	
c Employer's name, address, and ZIP code REDEMPTION CHURCH OF PLANO, TEXAS 1113 LOMBARDY DR PLANO TX 75023				3 Social security wages 500.00		4 Social security tax withheld 31.00	
				5 Medicare wages and tips 500.00		6 Medicare tax withheld 7.25	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial ALEX		Last name SIDEBOTTOM		Suff		11 Nonqualified plans	
f Employee's address and ZIP code 9450 FOREST SPRINGS DR APT 1706 DALLAS TX 75243				13 Statutory employee Retirement plan Third-party sick pay		12a See instructions for box 12	
				14 Other		12b	
						12c	
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
0000/ 1030D

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Copy A For Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

Black-and-White Form W-2 (Revised 08/23)