

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

Form **W-2** Wage and Tax Statement  
Copy D – For Employer

REV 12/03/21 QBDT

**2021**

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

Void <input type="checkbox"/>		<b>a</b> Employee's social security number 520-41-5978		<b>Copy D – For Employer</b> OMB No. 1545-0008			
<b>b</b> Employer identification number (EIN) 45-5385596			<b>1</b> Wages, tips, other compensation 1200.00		<b>2</b> Federal income tax withheld		
<b>c</b> Employer's name, address, and ZIP code REDEMPTION CHURCH OF PLANO, TEXAS  1113 LOMBARDY DR  PLANO TX 75023			<b>3</b> Social security wages 1200.00		<b>4</b> Social security tax withheld 74.40		
			<b>5</b> Medicare wages and tips 1200.00		<b>6</b> Medicare tax withheld 17.40		
			<b>7</b> Social security tips		<b>8</b> Allocated tips		
<b>d</b> Control number			<b>9</b>		<b>10</b> Dependent care benefits		
<b>e</b> Employee's name, address, and ZIP code ALEX SIDEBOTTOM 9450 FOREST SPRINGS DR APT 1706  DALLAS TX 75243			<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12		
			<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>		
			<b>14</b> Other		<b>12c</b>		
					<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	

Form **W-2** Wage and Tax Statement  
Copy D – For Employer

REV 12/03/21 QBDT

**2021**

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

Void <input type="checkbox"/>		a Employee's social security number 630-24-4420		OMB No. 1545-0008			
b Employer identification number (EIN) 45-5385596			1 Wages, tips, other compensation 2040.00		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 2040.00		4 Social security tax withheld 126.48		
			5 Medicare wages and tips 2040.00		6 Medicare tax withheld 29.58		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's name, address, and ZIP code VICKERY A SKINNER 4909 HAVERWOOD LN APT 2219  DALLAS TX 75287			11 Nonqualified plans		12a See instructions for box 12		
			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		
			14 Other		12c		
					12d		
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  
Copy D – For Employer

REV 12/03/21 QBDT

**2021**

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

Void <input type="checkbox"/>		a Employee's social security number		<b>Copy D – For Employer</b> OMB No. 1545-0008			
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's name, address, and ZIP code			11 Nonqualified plans		12a See instructions for box 12		
			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		
			14 Other		12c		
					12d		
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  
Copy D – For Employer

REV 12/03/21 QBDT

**2021**

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