

Form W-2 Wage and Tax Statement 2024

Copy C, for employee's records

d Control number 0943-17127058 000001084 - 0LABOR		Void		c Employer's name, address, and ZIP code CLEAN SPACE INC 3764 NW 124TH AVE CORAL SPRINGS FL 33065-2410		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 32-0338631		a Employee's social security number XXX-XX-0334				1 Wages, tips, other compensation 6230.00	
13 Statutory employee		Retirement plan		Third-party sick pay		2 Federal income tax withheld 183.89	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code CAROLINA ROJAS FEBRES 2645 14TH ST. VERO BEACH FL 32960		3 Social security wages 6230.00	
						4 Social security tax withheld 386.26	
						5 Medicare wages and tips 6230.00	
						6 Medicare tax withheld 90.34	
						7 Social Security Tips	
						8 Allocated Tips	
						10 Dependent care benefits	
						11 Nonqualified plans	
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	

This information is being furnished to the Internal Revenue Service. 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.

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Copy B, to be filed with employee's FEDERAL tax return

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