

Form **W-2 Wage and Tax Statement** **2024**

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

c Employer's name, address, and ZIP code

South East Employee Leasing
2739 U.S. Hwy 19 North
Holiday, FL 34691

e Employee's name, address, and ZIP code

CAROLINA ROJAS FEBRES
2645 14TH ST
VERO BEACH, FL 32960

OMB No. 1545-0008

7 Social security tips

8 Allocated tips

9

12a See instructions for box 12

12d

b Employer identification number (EIN)
59-3744258

1 Wages, tips, other compensation
3031.00

3 Social security wages
3031.00

5 Medicare wages and tips
3031.00

10 Dependent care benefits

12b

13 Statutory Retirement Third-party
emp plan sick pay

XXX-XX-0334

2 Federal income tax withheld
253.64

4 Social security tax withheld
187.93

6 Medicare tax withheld
43.95

11 Nonqualified plans

12c

14 Other
Unifor 50.0

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

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Copy C - For EMPLOYEE'S RECORDS. (See Notice to Employee on the back of Copy B.)

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Form **W-2 Wage and Tax Statement** **2024**

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

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