

<b>2025</b>		<b>a</b> Employee's social security number <b>123456789</b>		OMB No. 1545-008		
<b>b</b> Employer identification number (EIN) <b>987654321</b>			<b>1</b> Wages, tips, other compensation <b>450,000.00</b>	<b>2</b> Federal income tax withheld <b>115,200.00</b>		
<b>c</b> Employer's name, address, and ZIP code <b>Mythical Technologies Inc.</b> <b>1 Innovation Plaza</b> <b>Austin, TX, 78701</b>			<b>3</b> Social security wages <b>450,000.00</b>	<b>4</b> Social security tax withheld <b>27,900.00</b>		
			<b>5</b> Medicare wages and tips <b>450,000.00</b>	<b>6</b> Medicare tax withheld <b>6,525.12</b>		
			<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 first name and initial <b>John</b>		Last name <b>Doe</b>	Suff.	<b>11</b> Nonqualified plans		
<b>f</b> Employee's address and ZIP code <b>14 Maple Ave</b> <b>New Bethany, AZ, 05500</b>			<b>13</b> <small>Statutory employee plan</small> <input type="checkbox"/> <small>Retirement plan</small> <input type="checkbox"/> <small>Third-party sick pay</small> <input type="checkbox"/>		<b>12a</b> <small>REG-01</small> D	
			<b>14</b> Other		<b>12b</b> <small>REG-01</small> AA	
				<b>12c</b> <small>REG-01</small> DD		
				<b>12d</b> <small>REG-01</small>		
<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
TX		450,000.00	27,000.00	450,000.00	2,250.00	Austin City

Form **W-2** Wage and Tax Statement 2025

Department of the Treasury—Internal Revenue Service

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