Copy BTo Be Filed W FEDERAL Tax Return.	ith Employee's	OMB No.	Copy 2To Be Filed W City, or Local Income 1		OMB No.
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Fed. income tax withheld	a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Fed. income tax withheld
XXX-XX-XXXX	3 Social security wages	4 Soc. sec. tax withheld	XXX-XX-XXXX	3 Social security wages	4 Soc. sec. tax withheld
b Employer ID number (EIN)	5 Medicare wages and tips	6 Medicare tax withheld	b Employer ID number (EIN)	5 Medicare wages and tips	6 Medicare tax withheld
00-000000		o Medicare tax withheid	00-0000000		6 Medicare lax withheid
c Employer's name, address, Your Company Na Your Company Ad Zip Code	me		c Employer's name, address, Your Company Na Your Company Ad Zip Code	ime	
d Control number			d Control number		
e Employee's name, address, Your Name Your Address Zip Code	and ZIP code		e Employee's name, address, Your Name Your Address Zip Code	and ZIP code	
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	10 Dependent care benefits	11 Nonqualified plans	12a Code
13 Statutory employee 14 O	ther	12b Code	13 Statutory employee 14 C	ther	12b Code
Retirement plan		12c Code	Retirement plan		12c Code
Third-party sick pay		12d Code	Third-party sick pay		12d Code
AA 00-0000000			AA 00-0000000		1
15 State Employer's state ID n	o. 16 State wages, tips, etc	. 17 State income tax	15 State Employer's state ID	no. 16 State wages, tips, etc	. 17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
penalty/other sanction may be		d to file a tax return, a negligence is taxable & you fail to report it. COMB No.	Copy 2To Be Filed W		OMB No.
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Fed. income tax withheld	a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Fed. income tax withheld
XXX-XX-XXXX	3 Social security wages	4 Soc. sec. tax withheld	XXX-XX-XXXX	3 Social security wages	4 Soc. sec. tax withheld
b Employer ID number (EIN) 00-000000	5 Medicare wages and tips	6 Medicare tax withheld	b Employer ID number (EIN) 00-000000	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address, Your Company Na Your Company Ad Zip Code	me		c Employer's name, address, Your Company Na Your Company Ad Zip Code	ime	
d Control number			d Control number		
e Employee's name, address, Your Name Your Address Zip Code	and ZIP code		e Employee's name, address. Your Name Your Address Zip Code	and ZIP code	
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	10 Dependent care benefits	11 Nonqualified plans	12a Code
13 Statutory employee 14 Other Retirement plan		12b Code	13 Statutory employee 14 C	13 Statutory employee 14 Other	
		12c Code	Retirement plan		12c Code
Third-party sick pay		12d Code	Third-party sick pay		12d Code
AA 00-0000000 15 State Employer's state ID n 18 Local wages, tips, etc.	16 State wages, tips, etc	. 17 State income tax 20 Locality name	AA 00-000000 15 State Employer's state ID: 18 Local wages, tips, etc.	no. 16 State wages, tips, etc	20 Locality name
Form W-2 Wage and Tax Sta	tement 2023	Dept. of the Treasury IRS	Form W-2 Wage and Tax St	stement 2023	Dept. of the Treasury IRS

CORRECTED (if checke	d)
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FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	FILER'S TIN 00000000	OMB No. 0000-0000	Payment Card and
Your Company Name	PAYEE'S TIN XXX-XX-XXXX	2023	Third Party Network
Your Company Address	1a Gross amount of payment card/third party network transactions \$ 0.00	Form 1099-K	Transactions
Check to indicate if FILER is a (an): Check to indicate transactions	1b Card Not Present transactions \$ 0.00	2 Merchant category code	Copy B For Payee
Payment settlement entity (PSE) reported are: Payment card	3 Number of payment transactions	4 Federal income tax withheld	This is important tax
Electronic Payment Facilitator (EPF)/Other third party	00	\$	information and is being furnished to the IRS. If you are
PAYEE'S name	5a January	5b February	required to file a return, a negligence
Your Name	\$ 0.00	\$ 0.00	penalty or other sanction may be
Street address (including apt. no.)	5c March \$ 0.00	5d April \$ 0.00	imposed on you if taxable income results from this
Your Address	5e May 0.00	5f June \$ 0.00	transaction and the IRS determines that it
City or town, state or province, country, and ZIP or foreign postal code	5g July \$ 0.00	5h August \$ 0.00	has not been reported.
Your City	5i September	5j October	
PSE'S name	\$ 0.00	\$ 0.00	_
Your Company Name	5k November \$ 0.00	5I December \$ 0.00	
Account number (see instructions) 000000000000000000000000000000000000	6 State	7 State identification no. 000000000	8 State income tax withheld
			\$

(Keep for your records)

www.irs.gov/form1099k

Department of the Treasury - Internal Revenue Service

Form 1099K

2023 W-2 and EARNINGS SUMMARY

						200			•
	Employee Re	ference	Сору	EME	LOYEE ID:	000000			
١	V-2 Wage a	nd Tax	2023						
c	opy C for employee's records.		OMB No. 0000-0000						
d	Control number Dept.	Corp.	Employer use only						
c	Employer's name, address, a Your Company Name Your Company Addre								
e/I	Employee's name, address, a Your Name Your Address	md ZIP code	0						
b	Employer's FED ID number	a Employe	ee's SSA number						
1	00-000000 Wages, tips, other comp.	2 Federal income tax withheld							
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							
9		10 Dependent care benefits							
11	Nonqualified plans	12a See instructions for box 12							
14	Other	12b			Your				
		12d			Your	Address			
			Ret. plan 3rd party sick pay						
15	State Employer's state ID no	. 16 State wa	ges, tips, etc.						
17	State income tax	18 Local wa	ages, tips, etc.						
19 Local income tax		20 Locality name			0 0 2024 AD	P, LLC			
1	Wages, tips, other comp.	2 Federal	income tax withheld	1	Wages, tips, o	other comp.	2	Federa	ij
				L					
3 Social security wages		4 Social security tax withheld		3	Social securit		4	Social	
5		200000000000000000000000000000000000000	e tax withheld	5	Medicare wag		6	Medica	
d	Control number Dept.	Corp.	Employer use only	d	Control numb	er Dept.		Corp.	
Your Company Name Your Company Address			c	Your Com	pany Name pany Address		ZIP code	e	

Wages, tips, other comp. 2 Federal income tax withheld Social security wages 4 Social security tax withheld Medicare wages and tips 6 Medicare tax withheld Control number Employer use only Employer's name, address, and ZIP code Your Company Name Your Company Address Employer's FED ID number a Employee's SSA number XXX-XX-XXXX 00-0000000 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a 12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pa e/f Employee's name, address and ZIP code Your Name Your Address 15 State Employer's state ID no. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name City or Local Wage and Tax Statement

Social Security Number: XXX-XX-XXXX

Taxable Marital Status:

SINGLE Exemptions/Allowances: Federal: 0 State: Local:

PAGE 01 OF 01

2 Federal income tax withheld

4 Social security tax withheld

Employer use only

a Employee's SSA number XXX-XX-XXXX

13 Stat emp. Ret. plan 3rd party sick pay

1	Wages, tips, other comp.	2 Federal income tax withheld 4 Social security tax withheld		Wage	es, tips, other	comp.	2 Federal income tax with				
3	Social security wages			3 Social security wages		jes	4 Social security tax with				
5	Medicare wages and tips	6 Medicare tax withheld		Medi	Medicare wages and tips		6 Me	dicare	care tax withheld		
d	Control number Dept.	Corp. Employer use	only d	Contr	rol number	Dept.	Cor	р.	Employer u	se	
С	Employer's name, address, Your Company Name Your Company Addre		c	You	oyer's name, a r Company r Company	Name		code			
b	Employer's FED ID number 00-000000	a Employee's SSA numb	r b	Empl	oyer's FED ID		a Em		e's SSA num		
7	Social security tips	8 Allocated tips	7				8 Allocated tips				
9		10 Dependent care benefit	9	9 10			10 De	10 Dependent care benefit			
11	Nonqualified plans	12a See instructions for box 12		11 Nonqualified plans		3.	12a			_	
14	Other	12b 12c 12d 13 Stat emp Ret. plan 3rd party sick pay			14 Other			12b 12c 12d 13 Stat emp. Ret. plan 3rd party			
e/ī	Employee's name, address a Your Name Your Address	nd ZIP code	e/	You	oyee's name, ir Name ir Address	address a	nd ZIP	code			
15	State Employer's state ID no	o. 16 State wages, tips, etc.	15	State	Employer's s	tate ID no	. 16 Sta	ite was	ges, tips, etc		
17	State income tax	18 Local wages, tips, etc.	17	State	income tax		18 Local wage		ges, tips, et	D.	
19	Local income tax	20 Locality name	15	Loca	l income tax		20 Lo	cality	name	_	
V	Federal Filing Wage & Statem ppy B to be filed with employee's Federal	OMB No. 000	3	W -	. State	Statem	and ent	Tax	202 OMB No. 2	000	