650 Winterbourne Plaza
Suite 300
Paramus, NJ 07652
(973) 555-0147
calderwick.example

Calderwick Clinical Research

Form W-2 Wage and Tax Statement 2025 - employee's copy (substitute form)

EMPLOYEE		
A EMPLOYEE'S SOCIAL SECURITY NUMBER 957-24-6183	E EMPLOYEE'S NAME YULIA A ZARETSKAYA	F EMPLOYEE'S ADDRESS 8-17 LARKMOOR TER, FAIR LAWN NJ 07410

EMPLOYER		
B EMPLOYER IDENTIFICATION NUMBER 22-0417385	C EMPLOYER'S NAME CALDERWICK CLINICAL RESEARCH INC	D CONTROL NUMBER 004418-CCR

FEDERAL		
1 WAGES, TIPS, OTHER COMPENSATION 124,410.00	2 FEDERAL INCOME TAX WITHHELD 19,870.14	3 SOCIAL SECURITY WAGES 139,210.00
4 SOCIAL SECURITY TAX WITHHELD 8,631.02	5 MEDICARE WAGES AND TIPS 139,210.00	6 MEDICARE TAX WITHHELD 2,018.55
10 DEPENDENT CARE BENEFITS 5,000.00	12A CODE D 14,800.00	12B CODE DD 3,116.40
13 RETIREMENT PLAN X	14 OTHER: NJ FLI 148.94	14 OTHER: NJ UI/WF/SWF 180.74

STATE		
15 STATE, EMPLOYER'S STATE ID NJ 220-417-385/000	16 STATE WAGES 133,200.00	17 STATE INCOME TAX 6,204.37

This is a substitute for the official form and is acceptable for filing with your return. Copy B, to be filed with the employee's federal tax return. Keep Copy C for your records.