

Form **940 for 2022: Employer's Annual Federal Unemployment (FUTA) Tax Return**
Department of the Treasury - Internal Revenue Service

850113

OMB No. 1545-0028

Employer identification number (EIN) **8 3 - 3 5 7 4 1 7 2**

Name (not your trade name) **VOGES WOODWORKS LLC**

Trade name (if any)

Address **1019 MADELINE ST**
Number Street Suite or room number
NEW BRAUNFELS TX 78132
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Type of Return (Check all that apply.)

a. Amended

b. Successor employer

c. No payments to employees in 2022

d. Final: Business closed or stopped paying wages

Go to www.irs.gov/form940 for instructions and the latest information.

Read the separate instructions before you complete this form. Please type or print within the boxes.

Part 1: Tell us about your return. If any line does NOT apply, leave it blank. See instructions before completing Part 1.

1a If you had to pay state unemployment tax in one state only, enter the state abbreviation 1a **T X**
Check Here

1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer 1b Complete Schedule A (Form 940).

2 If you paid wages in a state that is subject to CREDIT REDUCTION 2 Check here. Complete Schedule A (Form 940).

Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank.

3 Total payments to all employees 3 **153872.87**

4 Payments exempt from FUTA tax 4 **.**

Check all that apply 4a Fringe benefits 4c Retirement/Pension 4e Other
4b Group-term life insurance 4d Dependent care

5 Total of payments made to each employee in excess of \$7,000 5 **106790.86**

6 Subtotal (line 4 + line 5 = line 6) 6 **106790.86**

7 Total taxable FUTA wages (line 3 - line 6 = line 7). See instructions 7 **47082.01**

8 FUTA tax before adjustments (line 7 x 0.006 = line 8) 8 **282.49**

Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.

9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by 0.054 (line 7 x 0.054 = line 9). Go to line 12 9 **.**

10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet 10 **.**

11 If credit reduction applies, enter the total from Schedule A (Form 940) 11 **.**

Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank.

12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) 12 **282.49**

13 FUTA tax deposited for the year, including any overpayment applied from a prior year 13 **282.49**

14 Balance due If line 12 is more than line 13, enter the excess on line 14.
 If line 14 is more than \$500, you must deposit your tax.
 If line 14 is \$500 or less, you may pay with this return. See instructions 14 **.**

15 Overpayment If line 13 is more than line 12, enter the excess on line 15 and check a box below 15 **.**

▶ You **MUST** complete both pages of this form and **SIGN** it. Check one: Apply to next return. Send a refund.

Next →

Name (not your trade name) **VOGES WOODWORKS LLC** Employer identification number (EIN) **83-3574172**

Part 5: Report your FUTA tax liability by quarter only if line 12 is more than \$500. If not, go to Part 6.

16 Report the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liability for a quarter, leave the line blank.

16a 1st quarter (January 1 - March 31) **16a**

16b 2nd quarter (April 1 - June 30) **16b**

16c 3rd quarter (July 1 - September 30) **16c**

16d 4th quarter (October 1 - December 31) **16d**

17 Total tax liability for the year (lines 16a + 16b + 16c + 16d = line 17) **17** Total must equal line 12.

Part 6: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS

No.

Part 7: Sign here. You MUST complete both pages of this form and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X Sign your name here

Date

Print your name here **REFERENCE COPY PREPARED**

Print your title here **BY PAYCHEX. DO NOT FILE**

Best daytime phone

Paid preparer use only

Check if you are self-employed

Preparer's name PTIN

Preparer's signature Date

Firm's name (or yours if self-employed) EIN

Address Phone

City State ZIP code

Form **940 for 2022: Employer's Annual Federal Unemployment (FUTA) Tax Return**
Department of the Treasury - Internal Revenue Service

850113

OMB No. 1545-0028

Employer identification number (EIN) **8 3 - 3 5 7 4 1 7 2**

Name (not your trade name) **VOGES WOODWORKS LLC**

Trade name (if any) _____

Address **1019 MADELINE ST**
Number Street Suite or room number
NEW BRAUNFELS TX 78132
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Type of Return (Check all that apply.)

a. Amended

b. Successor employer

c. No payments to employees in 2022

d. Final: Business closed or stopped paying wages

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Read the separate instructions before you complete this form. Please type or print within the boxes.

Part 1: Tell us about your return. If any line does NOT apply, leave it blank. See instructions before completing Part 1.

1a If you had to pay state unemployment tax in one state only, enter the state abbreviation 1a **T X**
Check Here

1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer 1b Complete Schedule A (Form 940).

2 If you paid wages in a state that is subject to CREDIT REDUCTION 2 Check here. Complete Schedule A (Form 940).

Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank.

3 Total payments to all employees 3 **153872.87**

4 Payments exempt from FUTA tax 4 **■**

Check all that apply 4a Fringe benefits 4c Retirement/Pension 4e Other
4b Group-term life insurance 4d Dependent care

5 Total of payments made to each employee in excess of \$7,000 5 **106790.86**

6 Subtotal (line 4 + line 5 = line 6) 6 **106790.86**

7 Total taxable FUTA wages (line 3 - line 6 = line 7). See instructions 7 **47082.01**

8 FUTA tax before adjustments (line 7 x 0.006 = line 8) 8 **282.49**

Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.

9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by 0.054 (line 7 x 0.054 = line 9). Go to line 12 9 **■**

10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet 10 **■**

11 If credit reduction applies, enter the total from Schedule A (Form 940) 11 **■**

Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank.

12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) 12 **282.49**

13 FUTA tax deposited for the year, including any overpayment applied from a prior year 13 **282.49**

14 Balance due If line 12 is more than line 13, enter the excess on line 14.
■ If line 14 is more than \$500, you must deposit your tax.
■ If line 14 is \$500 or less, you may pay with this return. See instructions 14 **■**

15 Overpayment If line 13 is more than line 12, enter the excess on line 15 and check a box below 15 **■**

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Next →

Name (not your trade name) **VOGES WOODWORKS LLC** Employer identification number (EIN) **83-3574172**

Part 5: Report your FUTA tax liability by quarter only if line 12 is more than \$500. If not, go to Part 6.

16 Report the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liability for a quarter, leave the line blank.

16a 1st quarter (January 1 - March 31) **16a**

16b 2nd quarter (April 1 - June 30) **16b**

16c 3rd quarter (July 1 - September 30) **16c**

16d 4th quarter (October 1 - December 31) **16d**

17 Total tax liability for the year (lines 16a + 16b + 16c + 16d = line 17) **17** Total must equal line 12.

Part 6: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS

No.

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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X Sign your name here

Date

Print your name here **REFERENCE COPY PREPARED**

Print your title here **BY PAYCHEX. DO NOT FILE**

Best daytime phone

Paid preparer use only

Check if you are self-employed

Preparer's name PTIN

Preparer's signature Date

Firm's name (or yours if self-employed) EIN

Address Phone

City State ZIP code

Form 940 for 2022: Employer's Annual Federal Unemployment (FUTA) Tax Return
Department of the Treasury - Internal Revenue Service

850113

OMB No. 1545-0028

Employer identification number (EIN) 83-3574172
Name (not your trade name) VOGES WOODWORKS LLC
Trade name (if any)
Address 1019 MADELINE ST
Number Street Suite or room number
NEW BRAUNFELS TX 78132
City State ZIP code
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Type of Return (Check all that apply.)
a. Amended
b. Successor employer
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Part 1: Tell us about your return. If any line does NOT apply, leave it blank. See instructions before completing Part 1.

1a If you had to pay state unemployment tax in one state only, enter the state abbreviation . 1a T X
1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer . 1b
2 If you paid wages in a state that is subject to CREDIT REDUCTION 2

Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank.

3 Total payments to all employees 3 153872.87
4 Payments exempt from FUTA tax 4
Check all that apply 4a Fringe benefits 4c Retirement/Pension 4e Other
4b Group-term life insurance 4d Dependent care
5 Total of payments made to each employee in excess of \$7,000 5 106790.86
6 Subtotal (line 4 + line 5 = line 6) 6 106790.86
7 Total taxable FUTA wages (line 3 - line 6 = line 7). See instructions 7 47082.01
8 FUTA tax before adjustments (line 7 x 0.006 = line 8) 8 282.49

Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.

9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by 0.054 (line 7 x 0.054 = line 9). Go to line 12 9
10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet 10
11 If credit reduction applies, enter the total from Schedule A (Form 940) 11

Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank.

12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) 12 282.49
13 FUTA tax deposited for the year, including any overpayment applied from a prior year 13 282.49
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Preparer's signature Date

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X Sign your name here

Date

Print your name here **REFERENCE COPY PREPARED**

Print your title here **BY PAYCHEX. DO NOT FILE**

Best daytime phone

Paid preparer use only

Check if you are self-employed

Preparer's name PTIN

Preparer's signature Date / /

Firm's name (or yours if self-employed) EIN

Address Phone () -

City State ZIP code

Form W-2 Wage and Tax Statement 2022

EMPLOYER REFERENCE COPY - DO NOT FILE

23061

d Control number 0070-17130070 000000010		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 637-10-3821		1 Wages, tips, other compensation 8025.90		2 Federal income tax withheld
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 8025.90	4 Social security tax withheld 497.61	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code TIFFANY A FITSKO 919 HI PATH WAY NEW BRAUNFELS TX 78130		5 Medicare wages and tips 8025.90
						6 Medicare tax withheld 116.38
						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

Form W-2 Wage and Tax Statement 2022

EMPLOYER REFERENCE COPY - DO NOT FILE

d Control number 0070-17130070 000000008		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 633-68-1599		1 Wages, tips, other compensation 696.00		2 Federal income tax withheld 19.80
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 696.00	4 Social security tax withheld 43.15	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code TRAVIS T GERHARDT 709 FLINT ROCK LN SEGUIN TX 78155		5 Medicare wages and tips 696.00
						6 Medicare tax withheld 10.09
						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

Form W-2 Wage and Tax Statement 2022

EMPLOYER REFERENCE COPY - DO NOT FILE

d Control number 0070-17130070 000000015		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 039-60-9527		1 Wages, tips, other compensation 22116.45		2 Federal income tax withheld 24.85
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 22116.45	4 Social security tax withheld 1371.22	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code THOMAS GOUVEIA 803 N OLIVE ST SEGUIN TX 78155		5 Medicare wages and tips 22116.45
						6 Medicare tax withheld 320.69
						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

Form W-2 Wage and Tax Statement 2022

EMPLOYER REFERENCE COPY - DO NOT FILE

d Control number 0070-17130070 000000009		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 625-70-3801		1 Wages, tips, other compensation 2242.50		2 Federal income tax withheld
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 2242.50	4 Social security tax withheld 139.04	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code SARAH A LIZAMA 935 S INTERSTATE 35 LOT B NEW BRAUNFELS TX 78130		5 Medicare wages and tips 2242.50
						6 Medicare tax withheld 32.52
						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

Form W-2 Wage and Tax Statement 2022

EMPLOYER REFERENCE COPY - DO NOT FILE

23061

d Control number 0070-17130070 000000014		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 463-95-2518		1 Wages, tips, other compensation 25398.51		2 Federal income tax withheld 1391.75
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 25398.51	4 Social security tax withheld 1574.71	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code MARCUS F MARTINEZ 1731 LEE ST NEW BRAUNFELS TX 78130		5 Medicare wages and tips 25398.51
						6 Medicare tax withheld 368.28
						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

Form W-2 Wage and Tax Statement 2022

EMPLOYER REFERENCE COPY - DO NOT FILE

d Control number 0070-17130070 000000017		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 633-48-9318		1 Wages, tips, other compensation 6561.00		2 Federal income tax withheld 406.78
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 6561.00	4 Social security tax withheld 406.78	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code SEBERINO D MORALES 3328 E US HWY 90 SEGUIN TX 78155		5 Medicare wages and tips 6561.00
						6 Medicare tax withheld 95.13
						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

Form W-2 Wage and Tax Statement 2022

EMPLOYER REFERENCE COPY - DO NOT FILE

d Control number 0070-17130070 000000016		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 632-04-1365		1 Wages, tips, other compensation 2582.51		2 Federal income tax withheld 53.53
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 2582.51	4 Social security tax withheld 160.12	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code KYLE M SCHULTZ 2164 CORNERSTONE DR NEW BRAUNFELS TX 78130		5 Medicare wages and tips 2582.51
						6 Medicare tax withheld 37.45
						7 Social Security tips
						8 Allocated tips
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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

Form W-2 Wage and Tax Statement 2022

EMPLOYER REFERENCE COPY - DO NOT FILE

d Control number 0070-17130070 000000002		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 453-92-3662		1 Wages, tips, other compensation 22350.00		2 Federal income tax withheld 1172.20
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 22350.00	4 Social security tax withheld 1385.70	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code LARRY VOGES 1019 MADELINE ST NEW BRAUNFELS TX 78132		5 Medicare wages and tips 22350.00
						6 Medicare tax withheld 324.08
						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

Form W-2 Wage and Tax Statement 2022

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d Control number 0070-17130070 000000001		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
b Employer identification number (EIN) 83-3574172		a Employee's social security number 589-52-9222					1 Wages, tips, other compensation 63900.00	2 Federal income tax withheld 5838.12
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal				3 Social security wages 63900.00	4 Social security tax withheld 3961.80
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code SCOTT VOGES 919 HI PATH WAY NEW BRAUNFELS TX 78130			5 Medicare wages and tips 63900.00	6 Medicare tax withheld 926.55
							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		

Form W-2 Wage and Tax Statement 2022

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d Control number 0070-17130070		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
b Employer identification number (EIN) 83-3574172		a Employee's social security number					1 Wages, tips, other compensation 153872.87	2 Federal income tax withheld 8500.25
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal				3 Social security wages 153872.87	4 Social security tax withheld 9540.13
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code			5 Medicare wages and tips 153872.87	6 Medicare tax withheld 2231.17
							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		

Form W-2 Wage and Tax Statement 2022

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d Control number		Void X	c Employer's name, address, and ZIP code			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
b Employer identification number (EIN)		a Employee's social security number					1 Wages, tips, other compensation	2 Federal income tax withheld
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal				3 Social security wages	4 Social security tax withheld
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code			5 Medicare wages and tips	6 Medicare tax withheld
							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		

Form W-2 Wage and Tax Statement 2022

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d Control number		Void X	c Employer's name, address, and ZIP code			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
b Employer identification number (EIN)		a Employee's social security number					1 Wages, tips, other compensation	2 Federal income tax withheld
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal				3 Social security wages	4 Social security tax withheld
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code			5 Medicare wages and tips	6 Medicare tax withheld
							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		

Form W-2 Wage and Tax Statement 2022

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d Control number 0070-17130070 000000010		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 637-10-3821		1 Wages, tips, other compensation 8025.90		2 Federal income tax withheld
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 8025.90	4 Social security tax withheld 497.61	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code TIFFANY A FITSKO 919 HI PATH WAY NEW BRAUNFELS TX 78130		5 Medicare wages and tips 8025.90
						6 Medicare tax withheld 116.38
						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

Form W-2 Wage and Tax Statement 2022

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d Control number 0070-17130070 000000008		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 633-68-1599		1 Wages, tips, other compensation 696.00		2 Federal income tax withheld 19.80
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 696.00	4 Social security tax withheld 43.15	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code TRAVIS T GERHARDT 709 FLINT ROCK LN SEGUIN TX 78155		5 Medicare wages and tips 696.00
						6 Medicare tax withheld 10.09
						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

Form W-2 Wage and Tax Statement 2022

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d Control number 0070-17130070 000000015		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 039-60-9527		1 Wages, tips, other compensation 22116.45		2 Federal income tax withheld 24.85
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 22116.45	4 Social security tax withheld 1371.22	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code THOMAS GOUVEIA 803 N OLIVE ST SEGUIN TX 78155		5 Medicare wages and tips 22116.45
						6 Medicare tax withheld 320.69
						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

Form W-2 Wage and Tax Statement 2022

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d Control number 0070-17130070 000000009		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 625-70-3801		1 Wages, tips, other compensation 2242.50		2 Federal income tax withheld
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 2242.50	4 Social security tax withheld 139.04	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code SARAH A LIZAMA 935 S INTERSTATE 35 LOT B NEW BRAUNFELS TX 78130		5 Medicare wages and tips 2242.50
						6 Medicare tax withheld 32.52
						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

Form W-2 Wage and Tax Statement 2022

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d Control number 0070-17130070 000000014		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 463-95-2518		1 Wages, tips, other compensation 25398.51		2 Federal income tax withheld 1391.75
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 25398.51	4 Social security tax withheld 1574.71	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code MARCUS F MARTINEZ 1731 LEE ST NEW BRAUNFELS TX 78130		5 Medicare wages and tips 25398.51
						6 Medicare tax withheld 368.28
						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

Form W-2 Wage and Tax Statement 2022

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d Control number 0070-17130070 000000017		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 633-48-9318		1 Wages, tips, other compensation 6561.00		2 Federal income tax withheld
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 6561.00	4 Social security tax withheld 406.78	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code SEBERINO D MORALES 3328 E US HWY 90 SEGUIN TX 78155		5 Medicare wages and tips 6561.00
						6 Medicare tax withheld 95.13
						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

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d Control number 0070-17130070 000000016		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 632-04-1365		1 Wages, tips, other compensation 2582.51		2 Federal income tax withheld 53.53
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 2582.51	4 Social security tax withheld 160.12	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code KYLE M SCHULTZ 2164 CORNERSTONE DR NEW BRAUNFELS TX 78130		5 Medicare wages and tips 2582.51
						6 Medicare tax withheld 37.45
						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

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d Control number 0070-17130070 000000002		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 453-92-3662		1 Wages, tips, other compensation 22350.00		2 Federal income tax withheld 1172.20
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 22350.00	4 Social security tax withheld 1385.70	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code LARRY VOGES 1019 MADELINE ST NEW BRAUNFELS TX 78132		5 Medicare wages and tips 22350.00
						6 Medicare tax withheld 324.08
						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

Form W-2 Wage and Tax Statement 2022

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d Control number 0070-17130070 000000001		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 589-52-9222				1 Wages, tips, other compensation 63900.00	2 Federal income tax withheld 5838.12
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal			3 Social security wages 63900.00	4 Social security tax withheld 3961.80
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code SCOTT VOGES 919 HI PATH WAY NEW BRAUNFELS TX 78130		5 Medicare wages and tips 63900.00	6 Medicare tax withheld 926.55
						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	

Form W-2 Wage and Tax Statement 2022

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d Control number 0070-17130070		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number				1 Wages, tips, other compensation 153872.87	2 Federal income tax withheld 8500.25
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal			3 Social security wages 153872.87	4 Social security tax withheld 9540.13
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code		5 Medicare wages and tips 153872.87	6 Medicare tax withheld 2231.17
						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	

Form W-2 Wage and Tax Statement 2022

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d Control number		Void X	c Employer's name, address, and ZIP code			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN)		a Employee's social security number				1 Wages, tips, other compensation	2 Federal income tax withheld
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal			3 Social security wages	4 Social security tax withheld
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code		5 Medicare wages and tips	6 Medicare tax withheld
						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	

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d Control number		Void X	c Employer's name, address, and ZIP code			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN)		a Employee's social security number				1 Wages, tips, other compensation	2 Federal income tax withheld
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal			3 Social security wages	4 Social security tax withheld
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code		5 Medicare wages and tips	6 Medicare tax withheld
						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	

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d Control number 0070-17130070 000000010		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 637-10-3821		1 Wages, tips, other compensation 8025.90		2 Federal income tax withheld
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 8025.90	4 Social security tax withheld 497.61	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code TIFFANY A FITSKO 919 HI PATH WAY NEW BRAUNFELS TX 78130		5 Medicare wages and tips 8025.90
						6 Medicare tax withheld 116.38
						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

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d Control number 0070-17130070 000000008		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 633-68-1599		1 Wages, tips, other compensation 696.00		2 Federal income tax withheld 19.80
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 696.00	4 Social security tax withheld 43.15	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code TRAVIS T GERHARDT 709 FLINT ROCK LN SEGUIN TX 78155		5 Medicare wages and tips 696.00
						6 Medicare tax withheld 10.09
						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

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d Control number 0070-17130070 000000015		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 039-60-9527		1 Wages, tips, other compensation 22116.45		2 Federal income tax withheld 24.85
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 22116.45	4 Social security tax withheld 1371.22	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code THOMAS GOUVEIA 803 N OLIVE ST SEGUIN TX 78155		5 Medicare wages and tips 22116.45
						6 Medicare tax withheld 320.69
						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

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d Control number 0070-17130070 000000009		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 625-70-3801		1 Wages, tips, other compensation 2242.50		2 Federal income tax withheld
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 2242.50	4 Social security tax withheld 139.04	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code SARAH A LIZAMA 935 S INTERSTATE 35 LOT B NEW BRAUNFELS TX 78130		5 Medicare wages and tips 2242.50
						6 Medicare tax withheld 32.52
						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

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d Control number 0070-17130070 000000014		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 463-95-2518		1 Wages, tips, other compensation 25398.51		2 Federal income tax withheld 1391.75
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 25398.51	4 Social security tax withheld 1574.71	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code MARCUS F MARTINEZ 1731 LEE ST NEW BRAUNFELS TX 78130		5 Medicare wages and tips 25398.51
						6 Medicare tax withheld 368.28
						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

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d Control number 0070-17130070 000000017		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 633-48-9318		1 Wages, tips, other compensation 6561.00		2 Federal income tax withheld
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 6561.00	4 Social security tax withheld 406.78	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code SEBERINO D MORALES 3328 E US HWY 90 SEGUIN TX 78155		5 Medicare wages and tips 6561.00
						6 Medicare tax withheld 95.13
						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

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d Control number 0070-17130070 000000016		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 632-04-1365		1 Wages, tips, other compensation 2582.51		2 Federal income tax withheld 53.53
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 2582.51	4 Social security tax withheld 160.12	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code KYLE M SCHULTZ 2164 CORNERSTONE DR NEW BRAUNFELS TX 78130		5 Medicare wages and tips 2582.51
						6 Medicare tax withheld 37.45
						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

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d Control number 0070-17130070 000000002		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 453-92-3662		1 Wages, tips, other compensation 22350.00		2 Federal income tax withheld 1172.20
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 22350.00	4 Social security tax withheld 1385.70	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code LARRY VOGES 1019 MADELINE ST NEW BRAUNFELS TX 78132		5 Medicare wages and tips 22350.00
						6 Medicare tax withheld 324.08
						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

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23024

d Control number 0070-17130070 000000001		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
b Employer identification number (EIN) 83-3574172		a Employee's social security number 589-52-9222					1 Wages, tips, other compensation 63900.00	2 Federal income tax withheld 5838.12
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal				3 Social security wages 63900.00	4 Social security tax withheld 3961.80
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code SCOTT VOGES 919 HI PATH WAY NEW BRAUNFELS TX 78130			5 Medicare wages and tips 63900.00	6 Medicare tax withheld 926.55
							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		

Form W-2 Wage and Tax Statement 2022

EMPLOYER REFERENCE COPY - DO NOT FILE

d Control number 0070-17130070		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
b Employer identification number (EIN) 83-3574172		a Employee's social security number					1 Wages, tips, other compensation 153872.87	2 Federal income tax withheld 8500.25
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal				3 Social security wages 153872.87	4 Social security tax withheld 9540.13
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code			5 Medicare wages and tips 153872.87	6 Medicare tax withheld 2231.17
							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		

Form W-2 Wage and Tax Statement 2022

EMPLOYER REFERENCE COPY - DO NOT FILE

d Control number		Void X	c Employer's name, address, and ZIP code			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
b Employer identification number (EIN)		a Employee's social security number					1 Wages, tips, other compensation	2 Federal income tax withheld
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal				3 Social security wages	4 Social security tax withheld
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code			5 Medicare wages and tips	6 Medicare tax withheld
							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		

Form W-2 Wage and Tax Statement 2022

EMPLOYER REFERENCE COPY - DO NOT FILE

d Control number		Void X	c Employer's name, address, and ZIP code			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
b Employer identification number (EIN)		a Employee's social security number					1 Wages, tips, other compensation	2 Federal income tax withheld
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal				3 Social security wages	4 Social security tax withheld
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code			5 Medicare wages and tips	6 Medicare tax withheld
							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		

Form W-2 Wage and Tax Statement 2022

EMPLOYER REFERENCE COPY - DO NOT FILE

22365

d Control number 0070-17130070 000000010		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 637-10-3821		1 Wages, tips, other compensation 8025.90		2 Federal income tax withheld
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 8025.90	4 Social security tax withheld 497.61	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code TIFFANY A FITSKO 919 HI PATH WAY NEW BRAUNFELS TX 78130		5 Medicare wages and tips 8025.90
						6 Medicare tax withheld 116.38
						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

Form W-2 Wage and Tax Statement 2022

EMPLOYER REFERENCE COPY - DO NOT FILE

d Control number 0070-17130070 000000008		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 633-68-1599		1 Wages, tips, other compensation 696.00		2 Federal income tax withheld 19.80
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 696.00	4 Social security tax withheld 43.15	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code TRAVIS T GERHARDT 709 FLINT ROCK LN SEGUIN TX 78155		5 Medicare wages and tips 696.00
						6 Medicare tax withheld 10.09
						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

Form W-2 Wage and Tax Statement 2022

EMPLOYER REFERENCE COPY - DO NOT FILE

d Control number 0070-17130070 000000015		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 039-60-9527		1 Wages, tips, other compensation 22116.45		2 Federal income tax withheld 24.85
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 22116.45	4 Social security tax withheld 1371.22	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code THOMAS GOUVEIA 803 N OLIVE ST SEGUIN TX 78155		5 Medicare wages and tips 22116.45
						6 Medicare tax withheld 320.69
						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

Form W-2 Wage and Tax Statement 2022

EMPLOYER REFERENCE COPY - DO NOT FILE

d Control number 0070-17130070 000000009		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 625-70-3801		1 Wages, tips, other compensation 2242.50		2 Federal income tax withheld
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 2242.50	4 Social security tax withheld 139.04	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code SARAH A LIZAMA 935 S INTERSTATE 35 LOT B NEW BRAUNFELS TX 78130		5 Medicare wages and tips 2242.50
						6 Medicare tax withheld 32.52
						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

Form W-2 Wage and Tax Statement 2022

EMPLOYER REFERENCE COPY - DO NOT FILE

22365

d Control number 0070-17130070 000000014		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 463-95-2518		1 Wages, tips, other compensation 25398.51		2 Federal income tax withheld 1391.75
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 25398.51	4 Social security tax withheld 1574.71	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code MARCUS F MARTINEZ 1731 LEE ST NEW BRAUNFELS TX 78130		5 Medicare wages and tips 25398.51
						6 Medicare tax withheld 368.28
						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

Form W-2 Wage and Tax Statement 2022

EMPLOYER REFERENCE COPY - DO NOT FILE

d Control number 0070-17130070 000000017		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 633-48-9318		1 Wages, tips, other compensation 6561.00		2 Federal income tax withheld
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 6561.00	4 Social security tax withheld 406.78	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code SEBERINO D MORALES 3328 E US HWY 90 SEGUIN TX 78155		5 Medicare wages and tips 6561.00
						6 Medicare tax withheld 95.13
						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

Form W-2 Wage and Tax Statement 2022

EMPLOYER REFERENCE COPY - DO NOT FILE

d Control number 0070-17130070 000000016		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 632-04-1365		1 Wages, tips, other compensation 2582.51		2 Federal income tax withheld 53.53
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 2582.51	4 Social security tax withheld 160.12	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code KYLE M SCHULTZ 2164 CORNERSTONE DR NEW BRAUNFELS TX 78130		5 Medicare wages and tips 2582.51
						6 Medicare tax withheld 37.45
						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

Form W-2 Wage and Tax Statement 2022

EMPLOYER REFERENCE COPY - DO NOT FILE

d Control number 0070-17130070 000000002		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 83-3574172		a Employee's social security number 453-92-3662		1 Wages, tips, other compensation 22350.00		2 Federal income tax withheld 1172.20
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal	3 Social security wages 22350.00	4 Social security tax withheld 1385.70	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code LARRY VOGES 1019 MADELINE ST NEW BRAUNFELS TX 78132		5 Medicare wages and tips 22350.00
						6 Medicare tax withheld 324.08
						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

Form W-2 Wage and Tax Statement 2022

EMPLOYER REFERENCE COPY - DO NOT FILE

22365

d Control number 0070-17130070 000000001		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
b Employer identification number (EIN) 83-3574172		a Employee's social security number 589-52-9222					1 Wages, tips, other compensation 63900.00	2 Federal income tax withheld 5838.12
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal				3 Social security wages 63900.00	4 Social security tax withheld 3961.80
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code SCOTT VOGES 919 HI PATH WAY NEW BRAUNFELS TX 78130			5 Medicare wages and tips 63900.00	6 Medicare tax withheld 926.55
							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		

Form W-2 Wage and Tax Statement 2022

EMPLOYER REFERENCE COPY - DO NOT FILE

d Control number 0070-17130070		Void	c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
b Employer identification number (EIN) 83-3574172		a Employee's social security number					1 Wages, tips, other compensation 153872.87	2 Federal income tax withheld 8500.25
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal				3 Social security wages 153872.87	4 Social security tax withheld 9540.13
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code			5 Medicare wages and tips 153872.87	6 Medicare tax withheld 2231.17
							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		

Form W-2 Wage and Tax Statement 2022

EMPLOYER REFERENCE COPY - DO NOT FILE

d Control number		Void X	c Employer's name, address, and ZIP code			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
b Employer identification number (EIN)		a Employee's social security number					1 Wages, tips, other compensation	2 Federal income tax withheld
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal				3 Social security wages	4 Social security tax withheld
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code			5 Medicare wages and tips	6 Medicare tax withheld
							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		

Form W-2 Wage and Tax Statement 2022

EMPLOYER REFERENCE COPY - DO NOT FILE

d Control number		Void X	c Employer's name, address, and ZIP code			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
b Employer identification number (EIN)		a Employee's social security number					1 Wages, tips, other compensation	2 Federal income tax withheld
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal				3 Social security wages	4 Social security tax withheld
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code			5 Medicare wages and tips	6 Medicare tax withheld
							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		

Form W-2 Wage and Tax Statement 2022

Copy C, for employee's records

c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132			d Control number 0070-17130070 000000015 -		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
			b Employer identification number (EIN) 83-3574172			a Employee's social security number 039-60-9527		1 Wages, tips, other compensation 22116.45
e Employee's name, address, and ZIP code THOMAS GOUVEIA 803 N OLIVE ST SEGUIN TX 78155			13 Statutory employee		Retirement plan	Third-party sick pay	3 Social security wages 22116.45	4 Social security tax withheld 1371.22
			12 See instructions for box 12				14 Other	
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.

Form W-2 Wage and Tax Statement 2022

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

c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132			d Control number 0070-17130070 000000015 -		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
			b Employer identification number (EIN) 83-3574172			a Employee's social security number 039-60-9527		1 Wages, tips, other compensation 22116.45
e Employee's name, address, and ZIP code THOMAS GOUVEIA 803 N OLIVE ST SEGUIN TX 78155			13 Statutory employee		Retirement plan	Third-party sick pay	3 Social security wages 22116.45	4 Social security tax withheld 1371.22
			12 See instructions for box 12				14 Other	
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.

Form W-2 Wage and Tax Statement 2022

c Employer's name, address, and ZIP code			d Control number		Void X	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
			b Employer identification number (EIN)			a Employee's social security number		1 Wages, tips, other compensation
e Employee's name, address, and ZIP code			13 Statutory employee		Retirement plan	Third-party sick pay	3 Social security wages	4 Social security tax withheld
			12 See instructions for box 12				14 Other	
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.

Form W-2 Wage and Tax Statement 2022

c Employer's name, address, and ZIP code			d Control number		Void X	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
			b Employer identification number (EIN)			a Employee's social security number		1 Wages, tips, other compensation
e Employee's name, address, and ZIP code			13 Statutory employee		Retirement plan	Third-party sick pay	3 Social security wages	4 Social security tax withheld
			12 See instructions for box 12				14 Other	
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.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Form W-2 Wage and Tax Statement 2022

Copy C, for employee's records

c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132			d Control number 0070-17130070 000000014 -		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008								
			b Employer identification number (EIN) 83-3574172			a Employee's social security number 463-95-2518		1 Wages, tips, other compensation 25398.51		2 Federal income tax withheld 1391.75				
e Employee's name, address, and ZIP code MARCUS F MARTINEZ 1731 LEE ST NEW BRAUNFELS TX 78130			13 Statutory employee		Retirement plan	Third-party sick pay		3 Social security wages 25398.51		4 Social security tax withheld 1574.71				
			12 See instructions for box 12			14 Other		5 Medicare wages and tips 25398.51		6 Medicare tax withheld 368.28				
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.

Form W-2 Wage and Tax Statement 2022

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

c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132			d Control number 0070-17130070 000000014 -		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008								
			b Employer identification number (EIN) 83-3574172			a Employee's social security number 463-95-2518		1 Wages, tips, other compensation 25398.51		2 Federal income tax withheld 1391.75				
e Employee's name, address, and ZIP code MARCUS F MARTINEZ 1731 LEE ST NEW BRAUNFELS TX 78130			13 Statutory employee		Retirement plan	Third-party sick pay		3 Social security wages 25398.51		4 Social security tax withheld 1574.71				
			12 See instructions for box 12			14 Other		5 Medicare wages and tips 25398.51		6 Medicare tax withheld 368.28				
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.

Form W-2 Wage and Tax Statement 2022

c Employer's name, address, and ZIP code			d Control number		Void X	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008								
			b Employer identification number (EIN)			a Employee's social security number		1 Wages, tips, other compensation		2 Federal income tax withheld				
e Employee's name, address, and ZIP code			13 Statutory employee		Retirement plan	Third-party sick pay		3 Social security wages		4 Social security tax withheld				
			12 See instructions for box 12			14 Other		5 Medicare wages and tips		6 Medicare tax withheld				
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.

Form W-2 Wage and Tax Statement 2022

c Employer's name, address, and ZIP code			d Control number		Void X	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008								
			b Employer identification number (EIN)			a Employee's social security number		1 Wages, tips, other compensation		2 Federal income tax withheld				
e Employee's name, address, and ZIP code			13 Statutory employee		Retirement plan	Third-party sick pay		3 Social security wages		4 Social security tax withheld				
			12 See instructions for box 12			14 Other		5 Medicare wages and tips		6 Medicare tax withheld				
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.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Form W-2 Wage and Tax Statement 2022

Copy C, for employee's records

c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132			d Control number 0070-17130070 000000016 -		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
			b Employer identification number (EIN) 83-3574172			a Employee's social security number 632-04-1365		1 Wages, tips, other compensation 2582.51	2 Federal income tax withheld 53.53
			13 Statutory employee	Retirement plan		Third-party sick pay	3 Social security wages 2582.51	4 Social security tax withheld 160.12	
e Employee's name, address, and ZIP code KYLE M SCHULTZ 2164 CORNERSTONE DR NEW BRAUNFELS TX 78130			12 See instructions for box 12		14 Other		5 Medicare wages and tips 2582.51	6 Medicare tax withheld 37.45	
							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.

Form W-2 Wage and Tax Statement 2022

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

c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132			d Control number 0070-17130070 000000016 -		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
			b Employer identification number (EIN) 83-3574172			a Employee's social security number 632-04-1365		1 Wages, tips, other compensation 2582.51	2 Federal income tax withheld 53.53
			13 Statutory employee	Retirement plan		Third-party sick pay	3 Social security wages 2582.51	4 Social security tax withheld 160.12	
e Employee's name, address, and ZIP code KYLE M SCHULTZ 2164 CORNERSTONE DR NEW BRAUNFELS TX 78130			12 See instructions for box 12		14 Other		5 Medicare wages and tips 2582.51	6 Medicare tax withheld 37.45	
							7 Social Security Tips	8 Allocated Tips	
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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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Form W-2 Wage and Tax Statement 2022

c Employer's name, address, and ZIP code			d Control number		Void X	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
			b Employer identification number (EIN)			a Employee's social security number		1 Wages, tips, other compensation	2 Federal income tax withheld
			13 Statutory employee	Retirement plan		Third-party sick pay	3 Social security wages	4 Social security tax withheld	
e Employee's name, address, and ZIP code			12 See instructions for box 12		14 Other		5 Medicare wages and tips	6 Medicare tax withheld	
							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			

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Form W-2 Wage and Tax Statement 2022

c Employer's name, address, and ZIP code			d Control number		Void X	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
			b Employer identification number (EIN)			a Employee's social security number		1 Wages, tips, other compensation	2 Federal income tax withheld
			13 Statutory employee	Retirement plan		Third-party sick pay	3 Social security wages	4 Social security tax withheld	
e Employee's name, address, and ZIP code			12 See instructions for box 12		14 Other		5 Medicare wages and tips	6 Medicare tax withheld	
							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.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRRA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRRA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRRA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRRA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRRA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Form W-2 Wage and Tax Statement 2022

Copy C, for employee's records

c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132			d Control number 0070-17130070 000000001 -		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008								
			b Employer identification number (EIN) 83-3574172			a Employee's social security number 589-52-9222		1 Wages, tips, other compensation 63900.00		2 Federal income tax withheld 5838.12				
e Employee's name, address, and ZIP code SCOTT VOGES 919 HI PATH WAY NEW BRAUNFELS TX 78130			13 Statutory employee		Retirement plan		Third-party sick pay		3 Social security wages 63900.00		4 Social security tax withheld 3961.80			
			12 See instructions for box 12		14 Other		5 Medicare wages and tips 63900.00		6 Medicare tax withheld 926.55					
							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.

Form W-2 Wage and Tax Statement 2022

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

c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132			d Control number 0070-17130070 000000001 -		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008								
			b Employer identification number (EIN) 83-3574172			a Employee's social security number 589-52-9222		1 Wages, tips, other compensation 63900.00		2 Federal income tax withheld 5838.12				
e Employee's name, address, and ZIP code SCOTT VOGES 919 HI PATH WAY NEW BRAUNFELS TX 78130			13 Statutory employee		Retirement plan		Third-party sick pay		3 Social security wages 63900.00		4 Social security tax withheld 3961.80			
			12 See instructions for box 12		14 Other		5 Medicare wages and tips 63900.00		6 Medicare tax withheld 926.55					
							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		

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Form W-2 Wage and Tax Statement 2022

c Employer's name, address, and ZIP code			d Control number		Void X	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008								
			b Employer identification number (EIN)			a Employee's social security number		1 Wages, tips, other compensation		2 Federal income tax withheld				
e Employee's name, address, and ZIP code			13 Statutory employee		Retirement plan		Third-party sick pay		3 Social security wages		4 Social security tax withheld			
			12 See instructions for box 12		14 Other		5 Medicare wages and tips		6 Medicare tax withheld					
							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		

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Form W-2 Wage and Tax Statement 2022

c Employer's name, address, and ZIP code			d Control number		Void X	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008								
			b Employer identification number (EIN)			a Employee's social security number		1 Wages, tips, other compensation		2 Federal income tax withheld				
e Employee's name, address, and ZIP code			13 Statutory employee		Retirement plan		Third-party sick pay		3 Social security wages		4 Social security tax withheld			
			12 See instructions for box 12		14 Other		5 Medicare wages and tips		6 Medicare tax withheld					
							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.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRRA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRRA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRRA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRRA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRRA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Form W-2 Wage and Tax Statement 2022

Copy C, for employee's records

c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132			d Control number 0070-17130070 000000010 -		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
			b Employer identification number (EIN) 83-3574172			a Employee's social security number 637-10-3821		1 Wages, tips, other compensation 8025.90
e Employee's name, address, and ZIP code TIFFANY A FITSKO 919 HI PATH WAY NEW BRAUNFELS TX 78130			12 See instructions for box 12		14 Other		3 Social security wages 8025.90	4 Social security tax withheld 497.61
			13 Statutory employee		Retirement plan		Third-party sick pay	
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.

Form W-2 Wage and Tax Statement 2022

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

c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132			d Control number 0070-17130070 000000010 -		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
			b Employer identification number (EIN) 83-3574172			a Employee's social security number 637-10-3821		1 Wages, tips, other compensation 8025.90
e Employee's name, address, and ZIP code TIFFANY A FITSKO 919 HI PATH WAY NEW BRAUNFELS TX 78130			12 See instructions for box 12		14 Other		3 Social security wages 8025.90	4 Social security tax withheld 497.61
			13 Statutory employee		Retirement plan		Third-party sick pay	
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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Form W-2 Wage and Tax Statement 2022

c Employer's name, address, and ZIP code			d Control number		Void X	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
			b Employer identification number (EIN)			a Employee's social security number		1 Wages, tips, other compensation
e Employee's name, address, and ZIP code			12 See instructions for box 12		14 Other		3 Social security wages	4 Social security tax withheld
			13 Statutory employee		Retirement plan		Third-party sick pay	
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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Form W-2 Wage and Tax Statement 2022

c Employer's name, address, and ZIP code			d Control number		Void X	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
			b Employer identification number (EIN)			a Employee's social security number		1 Wages, tips, other compensation
e Employee's name, address, and ZIP code			12 See instructions for box 12		14 Other		3 Social security wages	4 Social security tax withheld
			13 Statutory employee		Retirement plan		Third-party sick pay	
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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Notice to Employee

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Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRRA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Form W-2 Wage and Tax Statement 2022

Copy C, for employee's records

c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132			d Control number 0070-17130070 000000008 -		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
			b Employer identification number (EIN) 83-3574172			a Employee's social security number 633-68-1599		1 Wages, tips, other compensation 696.00
e Employee's name, address, and ZIP code TRAVIS T GERHARDT 709 FLINT ROCK LN SEGUIN TX 78155			12 See instructions for box 12		14 Other		3 Social security wages 696.00	4 Social security tax withheld 43.15
			13 Statutory employee		Retirement plan		Third-party sick pay	
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.

Form W-2 Wage and Tax Statement 2022

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

c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132			d Control number 0070-17130070 000000008 -		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
			b Employer identification number (EIN) 83-3574172			a Employee's social security number 633-68-1599		1 Wages, tips, other compensation 696.00
e Employee's name, address, and ZIP code TRAVIS T GERHARDT 709 FLINT ROCK LN SEGUIN TX 78155			12 See instructions for box 12		14 Other		3 Social security wages 696.00	4 Social security tax withheld 43.15
			13 Statutory employee		Retirement plan		Third-party sick pay	
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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Form W-2 Wage and Tax Statement 2022

c Employer's name, address, and ZIP code			d Control number		Void X	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
			b Employer identification number (EIN)			a Employee's social security number		1 Wages, tips, other compensation
e Employee's name, address, and ZIP code			12 See instructions for box 12		14 Other		3 Social security wages	4 Social security tax withheld
			13 Statutory employee		Retirement plan		Third-party sick pay	
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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Form W-2 Wage and Tax Statement 2022

c Employer's name, address, and ZIP code			d Control number		Void X	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
			b Employer identification number (EIN)			a Employee's social security number		1 Wages, tips, other compensation
e Employee's name, address, and ZIP code			12 See instructions for box 12		14 Other		3 Social security wages	4 Social security tax withheld
			13 Statutory employee		Retirement plan		Third-party sick pay	
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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Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Form W-2 Wage and Tax Statement 2022

Copy C, for employee's records

c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132			d Control number 0070-17130070 000000009 -		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
			b Employer identification number (EIN) 83-3574172			a Employee's social security number 625-70-3801		1 Wages, tips, other compensation 2242.50
e Employee's name, address, and ZIP code SARAH A LIZAMA 935 S INTERSTATE 35 LOT B NEW BRAUNFELS TX 78130			12 See instructions for box 12		14 Other		3 Social security wages 2242.50	4 Social security tax withheld 139.04
			13 Statutory employee		Retirement plan		Third-party sick pay	
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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Form W-2 Wage and Tax Statement 2022

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

c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132			d Control number 0070-17130070 000000009 -		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
			b Employer identification number (EIN) 83-3574172			a Employee's social security number 625-70-3801		1 Wages, tips, other compensation 2242.50
e Employee's name, address, and ZIP code SARAH A LIZAMA 935 S INTERSTATE 35 LOT B NEW BRAUNFELS TX 78130			12 See instructions for box 12		14 Other		3 Social security wages 2242.50	4 Social security tax withheld 139.04
			13 Statutory employee		Retirement plan		Third-party sick pay	
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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Form W-2 Wage and Tax Statement 2022

c Employer's name, address, and ZIP code			d Control number		Void X	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
			b Employer identification number (EIN)			a Employee's social security number		1 Wages, tips, other compensation
e Employee's name, address, and ZIP code			12 See instructions for box 12		14 Other		3 Social security wages	4 Social security tax withheld
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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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Form W-2 Wage and Tax Statement 2022

c Employer's name, address, and ZIP code			d Control number		Void X	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
			b Employer identification number (EIN)			a Employee's social security number		1 Wages, tips, other compensation
e Employee's name, address, and ZIP code			12 See instructions for box 12		14 Other		3 Social security wages	4 Social security tax withheld
			13 Statutory employee		Retirement plan		Third-party sick pay	
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Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

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However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

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B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

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Form W-2 Wage and Tax Statement 2022

Copy C, for employee's records

c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132			d Control number 0070-17130070 000000017 -		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
			b Employer identification number (EIN) 83-3574172		a Employee's social security number 633-48-9318		1 Wages, tips, other compensation 6561.00	2 Federal income tax withheld	
			13 Statutory employee		Retirement plan		3 Social security wages 6561.00		4 Social security tax withheld 406.78
			14 Other				5 Medicare wages and tips 6561.00		6 Medicare tax withheld 95.13
e Employee's name, address, and ZIP code SEBERINO D MORALES 3328 E US HWY 90 SEGUIN TX 78155			12 See instructions for box 12				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			

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Form W-2 Wage and Tax Statement 2022

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

c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132			d Control number 0070-17130070 000000017 -		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
			b Employer identification number (EIN) 83-3574172		a Employee's social security number 633-48-9318		1 Wages, tips, other compensation 6561.00	2 Federal income tax withheld	
			13 Statutory employee		Retirement plan		3 Social security wages 6561.00		4 Social security tax withheld 406.78
			14 Other				5 Medicare wages and tips 6561.00		6 Medicare tax withheld 95.13
e Employee's name, address, and ZIP code SEBERINO D MORALES 3328 E US HWY 90 SEGUIN TX 78155			12 See instructions for box 12				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.

Form W-2 Wage and Tax Statement 2022

c Employer's name, address, and ZIP code			d Control number		Void X	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
			b Employer identification number (EIN)		a Employee's social security number		1 Wages, tips, other compensation	2 Federal income tax withheld	
			13 Statutory employee		Retirement plan		3 Social security wages		4 Social security tax withheld
e Employee's name, address, and ZIP code			12 See instructions for box 12		14 Other		5 Medicare wages and tips		6 Medicare tax withheld
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			b Employer identification number (EIN)		a Employee's social security number		1 Wages, tips, other compensation	2 Federal income tax withheld	
			13 Statutory employee		Retirement plan		3 Social security wages		4 Social security tax withheld
e Employee's name, address, and ZIP code			12 See instructions for box 12		14 Other		5 Medicare wages and tips		6 Medicare tax withheld
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Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Form W-2 Wage and Tax Statement 2022

Copy C, for employee's records

c Employer's name, address, and ZIP code VOGES WOODWORKS LLC 1019 MADELINE ST NEW BRAUNFELS TX 78132			d Control number 0070-17130070 000000002 -		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008								
			b Employer identification number (EIN) 83-3574172			a Employee's social security number 453-92-3662		1 Wages, tips, other compensation 22350.00		2 Federal income tax withheld 1172.20				
e Employee's name, address, and ZIP code LARRY VOGES 1019 MADELINE ST NEW BRAUNFELS TX 78132			13 Statutory employee		Retirement plan		Third-party sick pay		3 Social security wages 22350.00		4 Social security tax withheld 1385.70			
			12 See instructions for box 12		14 Other		5 Medicare wages and tips 22350.00		6 Medicare tax withheld 324.08					
							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		

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Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

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Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

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Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

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However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

33333	a Control number 0070-17130070	For Official Use Only ▶ OMB No. 1545-0008							
b Kind of Payer (Check one)	<input checked="" type="checkbox"/> 941 CT-1	<input type="checkbox"/> Military Hshld. emp.	<input type="checkbox"/> 943 Medicare gov. emp.	<input type="checkbox"/> 944	Kind of Employer (Check one)	<input checked="" type="checkbox"/> None apply State/local non-501c	<input type="checkbox"/> 501c non-govt. State/local 501c	<input type="checkbox"/> Federal govt.	<input type="checkbox"/> Third-party sick pay (Check if applicable)
c Total number of Forms W-2 9	d Establishment number	1 Wages, tips, other compensation 153872.87	2 Federal income tax withheld 8500.25						
e Employer identification number (EIN) 83-3574172		3 Social security wages 153872.87	4 Social security tax withheld 9540.13						
f Employer's name VOGES WOODWORKS LLC		5 Medicare wages and tips 153872.87	6 Medicare tax withheld 2231.17						
g Employer's address and ZIP code 1019 MADELINE ST NEW BRAUNFELS TX 78132		7 Social security tips	8 Allocated tips						
		9	10 Dependent care benefits						
		11 Nonqualified plans	12a Deferred compensation						
h Other EIN used this year		13 For third-party sick pay use only	12b						
15 State Employer's state ID number		14 Income tax withheld by payer of third-party sick pay							
16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax						
Employer's contact person TIFFANY A FITSKO		Employer's telephone number (830) 237-3262	For Official Use Only.						
Employer's fax number		Employer's email address							

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

REFERENCE COPY PREPARED BY PAYCHEX DO NOT FILE

Signature

Title

Date

Form **W-3** Transmittal of Wage and Tax Statements **2022**

Department of the Treasury
Internal Revenue Service

DO NOT FILE

**YOUR FEDERAL W-2 & W-3 DATA
IS FILED ELECTRONICALLY**

33333	a Control number 0070-17130070	For Official Use Only ▶ OMB No. 1545-0008							
b Kind of Payer (Check one)	<input checked="" type="checkbox"/> 941 CT-1	<input type="checkbox"/> Military Hshld. emp.	<input type="checkbox"/> 943 Medicare gov't. emp.	<input type="checkbox"/> 944	Kind of Employer (Check one)	<input checked="" type="checkbox"/> None apply State/local non-501c	<input type="checkbox"/> 501c non-govt. State/local 501c	<input type="checkbox"/> Federal gov't.	<input type="checkbox"/> Third-party sick pay (Check if applicable)
c Total number of Forms W-2 9	d Establishment number	1 Wages, tips, other compensation 153872.87	2 Federal income tax withheld 8500.25						
e Employer identification number (EIN) 83-3574172		3 Social security wages 153872.87	4 Social security tax withheld 9540.13						
f Employer's name VOGES WOODWORKS LLC		5 Medicare wages and tips 153872.87	6 Medicare tax withheld 2231.17						
g Employer's address and ZIP code 1019 MADELINE ST NEW BRAUNFELS TX 78132		7 Social security tips	8 Allocated tips						
		9	10 Dependent care benefits						
		11 Nonqualified plans	12a Deferred compensation						
h Other EIN used this year		13 For third-party sick pay use only	12b						
15 State Employer's state ID number		14 Income tax withheld by payer of third-party sick pay							
16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax						
Employer's contact person TIFFANY A FITSKO		Employer's telephone number (830) 237-3262	For Official Use Only.						
Employer's fax number		Employer's email address							

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

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	CT-1 <input type="checkbox"/>	Hshld. emp. <input type="checkbox"/>	Medicare govt. emp. <input type="checkbox"/>	
Kind of Employer (Check one)	None apply <input checked="" type="checkbox"/>		501c non-govt. <input type="checkbox"/>	
	State/local non-501c <input type="checkbox"/>		State/local 501c <input type="checkbox"/>	
Federal govt. <input type="checkbox"/>		Third-party sick pay (Check if applicable) <input type="checkbox"/>		
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