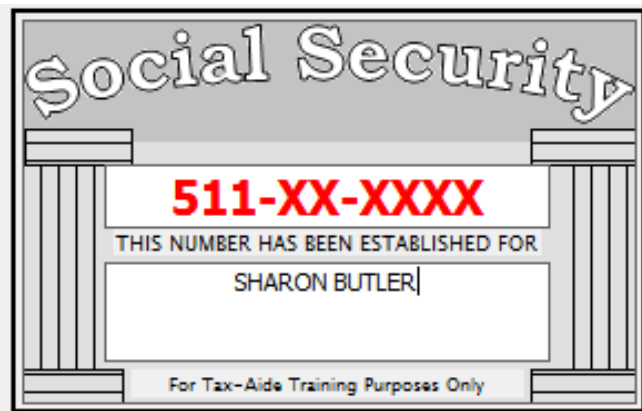


Driver's License Number (TaxAide)
131226163455

Name
SHARON BUTLER

Address
**456 NORTH MAIN
 NEW PORT RICHEY, FL
 34655**

Birth Date Expiration Date
06/16/1977 06/16/2029

		a. Employee's social security number 511-XX-XXXX					
b. Employer Identification number (EIN) 51-5111111		1. Wages, tips, other compensation \$14,500.00		2. Federal income tax withheld \$1,450.00			
c. Employer's name, address and ZIP Code WALLY MART INC 907 SHOPPING LANE NEW PORT RICHEY, FL 34655		3. Social security wages \$14,500.00		4. Social security tax withheld \$899.00			
		5. Medicare wages and tips \$14,500.00		6. Medicare tax withheld \$210.25			
		7. Social security tips		8. Allocated tips			
d. Control number		9.		10. Dependant care benefits			
e. Employee's name (first, initial, last), address, city, state and ZIP code SHARON BUTLER 456 NORTH MAIN NEW PORT RICHEY, FL 34655		11. Nonqualified plans		12a. See instructions for box 12			
		13. Statutory Employee Retirement Plan Third-party sickpay ☐ ☐ ☐		12b.			
		14. Other		12c.			
				12c.			
				12c.			
15. State	Employer's state ID	16. State wages, tips,	17. State income tax	18. Local wages, tips, etc.	19. Local income tax	20. Locality name	

a. Employee's social security number 511-XX-XXXX						
b. Employer Identification number (EIN) 51-6111111		1. Wages, tips, other compensation \$2,150.00		2. Federal income tax withheld \$215.00		
c. Employer's name, address and ZIP Code CHEAP GOODS INC 329 SHOPPING LANE NEW PORT RICHEY, FL 34655		3. Social security wages \$2,150.00		4. Social security tax withheld \$133.30		
		5. Medicare wages and tips \$2,150.00		6. Medicare tax withheld \$31.18		
		7. Social security tips		8. Allocated tips		
d. Control number		9.		10. Dependant care benefits		
e. Employee's name (first, initial, last), address, city, state and ZIP code SHARON BUTLER 456 NORTH MAIN NEW PORT RICHEY, FL 34655		11. Nonqualified plans		12a. See instructions for box 12		
		13. Statutory Employee Retirement Plan Third-party sickpay ☐ ☐ ☐		12b.		
		14. Other		12c.		
				12c.		
15. State	Employer's state ID	16. State wages, tips,	17. State income tax	18. Local wages, tips, etc.	19. Local income tax	20. Locality name

Form **W-2** **2022** C:\TaxAideForms\Butler Wages 2.taxaide

☐ CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code and telephone number BANK OF WEST FLORIDA 567 WEST AVE NEW PORT RICHEY, FL 34655		Payer's RTN (optional)	2022 Form 1099-INT	Interest Income Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been
PAYER'S Federal identification number 50-7111111		1. Interest income \$122.00		
RECIPIENT'S identification number 501-XX-XXXX		2. Early withdrawal penalty		
RECIPIENT'S name, address, city, state, and ZIP code SHARON BUTLER 456 NORTH MAIN ST NEW PORT RICHEY, FL 34655		3. Interest on US Savings Bonds and Treas. obligations		
		4. Federal income tax	5. Investment expenses	
		6. Foreign Tax Paid	7. Foreign Country or US	
		8. Tax exempt interest	9. Specified private activity	
Account number (see instructions)		10. Tax-exempt bond CUSIP no. (see instructions)		

Form **1099-INT** C:\TaxAideForms\Butler Interest.taxaide