

Exhibit A

Form W-2 (Copy A) (Red Ink)

22222		VOID <input type="checkbox"/>		a Employee's social security number		For Official Use Only OMB No. 1545-0008							
b Employer identification number (EIN)				1 Wages, tips, other compensation		2 Federal income tax withheld							
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld							
				5 Medicare wages and tips		6 Medicare tax withheld							
				7 Social security tips		8 Allocated tips							
d Control number				9		10 Dependent care benefits							
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a See instructions for box 12					
f Employee's address and ZIP code				13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>		12b			
				14 Other						12c			
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

2023

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Copy A—For Social Security Administration. Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

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