Exhibit B

Form W-2 (Copy B)

	a Employee's social security number			
		OMB No. 1545-0008	**Safe, accurate, FAST! Use** IRS *e-file*	Visit the IRS website at *www.irs.gov/efile*

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 C o d e

13 Statutory employee ☐   Retirement plan ☐   Third-party sick pay ☐

	12b C o d e

14 Other

	12c C o d e
	12d C o d e

f Employee's address and ZIP code

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

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Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.