

22222		a Employee's social security number 000-00-0000		Copy 1—For State, City, or Local Tax Department Copy D—For Employer		OMB No. 1545-0008	
b Employer identification number (EIN) 47-6006506				1 Wages, tips, other compensation 12275789.92		2 Federal income tax withheld 969261.20	
c Employer's name, address, and ZIP code SCOTTS BLUFF COUNTY COUNTY CLERK 1825 10TH ST GERING, NE 69341				3 Social security wages 12921258.38		4 Social security tax withheld 801117.56	
				5 Medicare wages and tips 12921258.38		6 Medicare tax withheld 187358.53	
				7 Social security tips		8 Allocated tips	
d Control number 307				9		10 Dependent care benefits	
e Employee's name, address, and ZIP code				11 Nonqualified plans		12a See instructions for box 12 G 5100.00	
				13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay		12b W 430630.92	
				14 Other AUTO 4364.90 414H 640368.46 FRING 17531.00		12c DD 2891720.00	
						12d	
15 State NE		Employer's state ID number 335649		16 State wages, tips, etc. 12275789.92		17 State income tax 459257.42	
						18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement

2024

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

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				14 Other		12c	
						12d	
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

2024

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