Copy B—To Be Filed Wi FEDERAL Tax Return.	th Employee's	OMB No. 1545-0008		
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld		
XXX-XX-4334	14063.90	54.21		
	3 Social security wages	4 Social security tax withheld		
<b>b</b> Employer ID number (EIN)	14063.90	871.96		
58-1853319	5 Medicare wages and tips 14063.90 6 Medicare tax withhe			
c Employer's name, address, a HOME DEPOT U.S.A				
2455 PACES FERR	Y ROAD B3			
Atlanta, GA 3033	39 4024			
d Control number c.45039				
e Employee's name, address, a WAYNE D ELLIOTT	and ZIP code			
7474 Heaton cir	cle			
Maineville, OH	45039			
7 Social security tips	8 Allocated tips	9		
Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12		
3 Statutory employee 14 Other		12b Code		
Retirement plan		12c Code		
Third-party sick pay		12d Code		
ОН 52-283146	14063.90	and the second s		
5 State Employer's state ID nur	nber 16 State wages, tips, etc.	17 State income tax		
8 Local wages, tips, etc. 14063.90	19 Local income tax 140.66	20 Locality name LEBAN		
orm W-2 Wage and Tax Stat his information is being furnished	100 400 000	Dept. of the Treasury - IRS		

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58-1853319	5 N	Medicare wages and tips	6			
c Employer's name, address,	and 7	14063.90		203.93		
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2455 PACES FERI	RY R	OAD B3				
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Third-party sick pay			12	d Code		
ОН 52-283146		14063.90		161.69		
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18 Local wages, tips, etc. 14063.90		140.66	1	THUMA		
		140.66		HEDAN		
	ateme	ESU2 to		Dept. of the Treasury - IRS		

penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

d Control number c.45039		
e Employee's name, address WAYNE D ELLIOT	s, and ZIP code 'T	
7474 Heaton ci	rcle	
Maineville, OH	45039	
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10 Dependent care benefits	11 Nonqualified plans	12a Code
13 Statutory employee 14 O	ther	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code
ОН 52-283146	14063.	
	umber 16 State wages, tips, etc	
<b>18</b> Local wages, tips, etc. 14063.90	19 Local income tax 140.66	20 Locality name LEBAN
Form W-2 Wage and Tax S	LESDS tnement	Dept. of the Treasury - IF
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11 Nonqualified plans

OH 52-283146

15 State Employer's state ID number 16 State wages, tips, etc. 17 State income
19 Local income tax 140.66 20 Locality name LEBAN

2023

12a Code

12b Code

12c Code

12d Code

17 State income tax

Dept. of the Treasury - IRS

161.69

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

1 Wages, tips, other comp.

3 Social security wages

14063.90 5 Medicare wages and tips 14063.90

14063.90

a Employee's soc. sec. no.

XXX-XX-4334

**b** Employer ID number (EIN) 58-1853319

10 Dependent care benefits

Retirement plan

Third-party sick pay

13 Statutory employee | 14 Other

**18** Local wages, tips, etc. 14063.90

Form W-2 Wage and Tax Statement

BW24UP NTF 2585808 3 BW24UP

c Employer's name, address, and ZIP code HOME DEPOT U.S.A., INC. 2455 PACES FERRY ROAD B3 Atlanta, GA 30339 4024

OMB No. 1545-0008

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2 Federal income tax withheld

4 Social security tax withheld

871.96 6 Medicare tax withheld

FEDERAL Tax Return	x			
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld		
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	3 Social security wages	4 Social security tax withheld		
<b>b</b> Employer ID number (EIN	,	871.96		
58-1853319	5 Medicare wages and tips 14063.90	6 Medicare tax withheld 203.93		
c Employer's name, addres				
HOME DEPOT U.	S.A., INC.			
2455 PACES FE	RRY ROAD B3			
Atlanta, GA 3	0339 4024			
d Control number				
c.45039				
e Employee's name, addre	ss, and ZIP code			
WAYNE D ELLIO				
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Maineville, O	н 45039			
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10 Dependent care benefits  13 Statutory employee	11 Nonqualified plans	12a Code See inst. for box 12 12b Code 12c Code		
O Dependent care benefits  3 Statutory employee	11 Nonqualified plans Other	12a Code See inst. for box 12 12b Code 12c Code 12d Code		
10 Dependent care benefits  13 Statutory employee   14   Retirement plan   Third-party sick pay   OH   52-283146	11 Nonqualified plans Other	12a Code See inst. for box 12 12b Code 12c Code 12d Code		
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10 Dependent care benefits  13 Statutory employee   14   Retirement plan   Third-party sick pay   OH   52-283146	11 Nonqualified plans Other  14063.90 number 16 State wages, tips, etc. 19 Local income tax	12a Code See inst. for box 12 12b Code 12c Code 12d Code 161.69 17 State income tax		
O Dependent care benefits  Statutory employee Retirement plan  Third-party sick pay  OH 52-283146  State Employer's state ID  B Local wages, tips, etc.	11 Nonqualified plans Other  14063.90 number 16 State wages, tips, etc. 19 Local income tax	12a Code See inst. for box 12  12b Code  12c Code  12d Code  161.69  17 State income tax  20 Locality name		
O Dependent care benefits  3 Statutory employee Retirement plan  Third-party sick pay  OH 52-283146  5 State Employer's state ID  8 Local wages, tips, etc.	11 Nonqualified plans Other  14063.90 number 16 State wages, tips, etc.  19 Local income tax 0 140.66	12a Code See inst. for box 12  12b Code  12c Code  12d Code  161.69  17 State income tax  20 Locality name		

1 Wages, tips, other comp.

5 Medicare wages and tips

3 Social security wages

8 Allocated tips

11 Nonqualified plans

OH 52-283146

15 State Employer's state ID number 16 State wages, tips, etc. 17 State income

19 Local income tax 140.66 20 Locality name LEBAN

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasur This information is being furnished to the IRS. 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.

18 Local wages, tips, etc. 14063.90 | 19 Local income tax 140.66

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ONE No 1545 DOOD

OMB No. 1545-0008

54.21

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2 Federal income tax withheld

4 Social security tax withheld

871.96 6 Medicare tax withheld

12a Code See inst. for box 12

17 State income tax

Dept. of the Treasury - IRS

161.69

12b Code

12c Code 12d Code

Copy B-To Be Filed With Employee's

Copy C-For EMPLOYEE'S RECORDS (See

Notice to Employee on the back of Copy B.)

a Employee's soc. sec. no.

XXX-XX-4334

b Employer ID number (EIN)

58-1853319

d Control number c.45039

7 Social security tips

Retirement plan

Third-party sick pay

10 Dependent care benefits

13 Statutory employee 14 Other

c Employer's name, address, and ZIP code HOME DEPOT U.S.A., INC. 2455 PACES FERRY ROAD B3 Atlanta, GA 30339 4024

Employee's name, address, and ZIP code WAYNE D ELLIOTT 7474 Heaton circle Maineville, OH 45039

Form W-2 Wage and Tax S	tatement	<b>474</b>	Dept. of the Treasur	y - IRS	
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	XX.X 6000 E				
Copy 2—To Be Filed V City, or Local Income			OMB No. 1545-00	08	
a Employee's soc. sec. no.	1 Wages,	tips, other comp.	2 Federal income tax withhe		
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	3 Social s	ecurity wages	4 Social security tax withheld		
<b>b</b> Employer ID number (EIN)		14063.90	871.96		
58-1853319		e wages and tips 14063.90	6 Medicare tax withheld 203.		
c Employer's name, address HOME DEPOT U.S					
2455 PACES FER	RY ROAD	В3			
Atlanta, GA 30	339 4024	1			
d Control number c.45039					
e Employee's name, addres: WAYNE D ELLIOT		е		***************************************	
7474 Heaton ci	rcle				
Maineville, OF					
7 Social security tips	8 Allocate	d tips	9		
10 Dependent care benefits	11 Nonqua	lified plans	12a Code	***********	
13 Statutory employee 14 C	ther		12b Code		
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Third-party sick pay			12d Code		
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18 Local wages, tips, etc. 14063.90	19 Local inc		20 Locality name  LEBAN		
Form W-2 Wage and Tax S	latement	2023	Dept. of the Treasury	y - IRS	
BW24UP NTF 2585808	3 BW2	24UP			

Copy 2—To Be Filed With Employee's State,

1 Wages, tips, other comp

3 Social security wages

s, and ZIP code

8 Allocated tips

11 Nonqualified plans

OH 52-283146

15 State Employer's state ID number 16 State wages, tips, etc. 17 State income

19 Local income tax
140 66

120 Locality name
LEBAN

5 Medicare wages and tips

14063.90

14063.90

14063.90

City, or Local Income Tax Return

HOME DEPOT U.S.A., INC. 2455 PACES FERRY ROAD B3 Atlanta, GA 30339 4024

e Employee's name, address, and ZIP code WAYNE D ELLIOTT 7474 Heaton circle Maineville, OH 45039

a Employee's soc. sec. no.

XXX-XX-4334

**b** Employer ID number (EIN)

58-1853319

c.45039

7 Social security tips

Retirement plan

Third-party sick pay

10 Dependent care benefits

13 Statutory employee 14 Other

OMB No. 1545-0008

54.21

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161.69

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

12a Code 12b Code

12c Code

12d Code

17 State income tax