	a Control number	For Official Use Only ▶ OMB No. 1545-0008

b Kind of Payer	941 ☒	Military ☐	943 ☐	944 ☐	Kind of Employer	None apply ☒	501c non-govt. ☐	Third-party sick pay ☐
	CT-1 ☐	Hshld. emp. ☐	Medicare govt. emp. ☐			State/local non-501c ☐	State/local 501c ☐	Federal govt. ☐

c Total number of Forms W-2: 3	d Establishment number	1 Wages, tips, other compensation: $46,726.34	2 Federal income tax withheld: $11,514.19
e Employer identification number (EIN): 84-4024133		3 Social security wages: $46,726.34	4 Social security tax withheld: $2,116.24
f Employer's name: LAMBERTS FLOORING, INC.		5 Medicare wages and tips: $46,726.34	6 Medicare tax withheld: $575.83
9301 OCOEE ST, 64 PO BOX 6725 MARYVILLE, TN 37825		7 Social security tips: $0.00	8 Allocated tips: $0.00
		9	10 Dependent care benefits: $0.00
g Employer's address and ZIP code		11 Nonqualified plans: $0.00	12a Deferred compensation: $0.00
h Other EIN used this year		13 For third-party sick pay use only	12b
15 State	Employer's state ID number	14 Income tax withheld by payer of third-party sick pay: $0.00	
16 State wages, tips, etc.: $0.00	17 State income tax: $0.00	18 Local wages, tips, etc.: $0.00	19 Local income tax: $0.00
Employer's contact person: DAVID COLLINS		Employer's telephone number: 423-482-9737 Ext.	For Official Use Only
Employer's fax number		Employer's email address: DAVID@DCTAX.US	

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

YOUR COPY

Signature ▶ Title ▶ Date ▶

Form **W-3** **Transmittal of Wage and Tax Statements** 2022

Department of the Treasury
Internal Revenue Service

Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms **must** comply with IRS standards and be machine readable. Photocopies are **not** acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for 4 years.

For employer records only!

Do not send this form to the Social Security Administration.

The information contained on this form was submitted to the Social Security Administration on 01/31/2023.
The Wage File ID (WFID) assigned to this submission is: MF2H3Z.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

	a Employee's social security number *****3967	OMB No. 1545-0008	
b Employer identification number (EIN) 84-4024133		1 Wages, tips, other compensation $1,380.50	2 Federal income tax withheld $249.42
c Employer's name, address, and ZIP code LAMBERTS FLOORING, INC. 9301 OCOEE ST, 64 PO BOX 6725 MARYVILLE, TN 37825		3 Social security wages $1,380.50	4 Social security tax withheld $70.60
		5 Medicare wages and tips $1,380.50	6 Medicare tax withheld $16.50
		7 Social security tips $0.00	8 Allocated tips $0.00
d Control number		9	10 Dependent care benefits $0.00
e Employee's first name and initial LEIGH R.	Last name JENKINS	Suff 11 Nonqualified plans $0.00	12a Code $0.00
604 TARPLEY ST MARYVILLE, TN 37804		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code $0.00
		14 Other $0.00 $0.00 $0.00	12c Code $0.00 12d Code $0.00
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
		$0.00	$0.00	$0.00	$0.00	
		$0.00	$0.00	$0.00	$0.00	

Form **W-2** **Wage and Tax Statement** **2022** Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

	a Employee's social security number *****3967	OMB No. 1545-0008	
b Employer identification number (EIN) 84-4024133		1 Wages, tips, other compensation $1,380.50	2 Federal income tax withheld $249.42
c Employer's name, address, and ZIP code LAMBERTS FLOORING, INC. 9301 OCOEE ST, 64 PO BOX 6725 MARYVILLE, TN 37825		3 Social security wages $1,380.50	4 Social security tax withheld $70.60
		5 Medicare wages and tips $1,380.50	6 Medicare tax withheld $16.50
		7 Social security tips $0.00	8 Allocated tips $0.00
d Control number		9	10 Dependent care benefits $0.00
e Employee's first name and initial LEIGH R.	Last name JENKINS	Suff. 11 Nonqualified plans $0.00	12a Code $0.00
604 TARPLEY ST MARYVILLE, TN 37804		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code $0.00
		14 Other $0.00 $0.00 $0.00	12c Code $0.00 12d Code $0.00
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
		$0.00	$0.00	$0.00	$0.00	
		$0.00	$0.00	$0.00	$0.00	

Form **W-2** **Wage and Tax Statement** **2022** Department of the Treasury—Internal Revenue Service

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

	a Employee's social security number *****3967	OMB No. 1545-0008	This information is being furnished to the Internal Revenue Service. 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.

b Employer identification number (EIN) 84-4024133	1 Wages, tips, other compensation $1,380.50	2 Federal income tax withheld $249.42
c Employer's name, address, and ZIP code LAMBERTS FLOORING, INC. 9301 OCOEE ST, 64 PO BOX 6725 MARYVILLE, TN 37825	3 Social security wages $1,380.50	4 Social security tax withheld $70.60
	5 Medicare wages and tips $1,380.50	6 Medicare tax withheld $16.50
	7 Social security tips $0.00	8 Allocated tips $0.00
d Control number	9	10 Dependent care benefits $0.00
e Employee's first name and initial: LEIGH R. Last name: JENKINS Suff. 604 TARPLEY ST MARYVILLE, TN 37804	11 Nonqualified plans $0.00	12a Code $0.00
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code $0.00
	14 Other $0.00 $0.00 $0.00	12c Code $0.00
		12d Code $0.00
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
		$0.00	$0.00	$0.00	$0.00	
		$0.00	$0.00	$0.00	$0.00	

Form **W-2** **Wage and Tax Statement** **2022**

Copy C—For EMPLOYEE'S RECORDS

Department of the Treasury—Internal Revenue Service

Safe, accurate, FAST! Use IRS e-file

	a Employee's social security number *****3967	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) 84-4024133	1 Wages, tips, other compensation $1,380.50	2 Federal income tax withheld $249.42
c Employer's name, address, and ZIP code LAMBERTS FLOORING, INC. 9301 OCOEE ST, 64 PO BOX 6725 MARYVILLE, TN 37825	3 Social security wages $1,380.50	4 Social security tax withheld $70.60
	5 Medicare wages and tips $1,380.50	6 Medicare tax withheld $16.50
	7 Social security tips $0.00	8 Allocated tips $0.00
d Control number	9	10 Dependent care benefits $0.00
e Employee's first name and initial: LEIGH R. Last name: JENKINS Suff. 604 TARPLEY ST MARYVILLE, TN 37804	11 Nonqualified plans $0.00	12a Code $0.00
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code $0.00
	14 Other $0.00 $0.00 $0.00	12c Code $0.00
		12d Code $0.00
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
		$0.00	$0.00	$0.00	$0.00	
		$0.00	$0.00	$0.00	$0.00	

Form **W-2** **Wage and Tax Statement** **2022**

Copy B—To Be Filed With Employee's FEDERAL Tax Return.

Department of the Treasury—Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov*.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2021 and more than $8,853.60 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than $5,203.80 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

(See also *Instructions for Employee* on the back of Copy C.)

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 Instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 Instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $20,500 ($14,000 if you only have SIMPLE plans; $23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $20,500. Deferrals under code H are limited to $7,000.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to $6,500 ($3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A --Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B --Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C --Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D --Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E --Elective deferrals under a section 403(b) salary reduction agreement

F --Elective deferrals under a section 408(k)(6) salary reduction SEP

G --Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H --Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J --Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K --20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L --Substantiated employee business expense reimbursements (nontaxable)

M --Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N --Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P --Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q --Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R --Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S --Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T --Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

V --Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W --Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y --Deferrals under a section 409A nonqualified deferred compensation plan

Z --Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA --Designated Roth contributions under a section 401(k) plan

BB --Designated Roth contributions under a section 403(b) plan

DD --Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE --Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF --Permitted benefits under a qualified small employer health reimbursement arrangement

GG --Income from qualified equity grants under section 83(i)

HH --Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits,** keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

	a Employee's social security number *****3967	OMB No. 1545-0008	
b Employer identification number (EIN) 84-4024133		1 Wages, tips, other compensation $1,380.50	2 Federal income tax withheld $249.42
c Employer's name, address, and ZIP code LAMBERTS FLOORING, INC. 9301 OCOEE ST, 64 PO BOX 6725 MARYVILLE, TN 37825		3 Social security wages $1,380.50	4 Social security tax withheld $70.60
		5 Medicare wages and tips $1,380.50	6 Medicare tax withheld $16.50
		7 Social security tips $0.00	8 Allocated tips $0.00
d Control number		9	10 Dependent care benefits $0.00
e Employee's first name and initial: LEIGH R. Last name: JENKINS Suff. 604 TARPLEY ST MARYVILLE, TN 37804		11 Nonqualified plans $0.00	12a See Instructions for box 12 Code $0.00
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code $0.00
		14 Other $0.00 $0.00 $0.00	12c Code $0.00
			12d Code $0.00
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
		$0.00	$0.00	$0.00	$0.00	
		$0.00	$0.00	$0.00	$0.00	

Form **W-2** **Wage and Tax Statement** **2022** Department of the Treasury—Internal Revenue Service

Copy D — For Employer **For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.**

Employers, Please Note—

Specific information needed to complete Form W-2 is available in a separate booklet titled the 2022 General Instructions for Forms W-2 and W-3. You can order these instructions and additional forms at *www.irs.gov/OrderForms*.

Due dates. By January 31, 2023, furnish Copies B, C, and 2 to each person who was your employee during 2022. Mail or electronically file Copy A of Form(s) W-2 and W-3 with the SSA by January 31, 2023. See the separate instructions.

Need help? If you have questions about reporting on Form W-2, call the information reporting customer service site toll free at 866-455-7438 or 304-263-8700 (not toll free). For TTY/TDD equipment for persons who are deaf, hard of hearing, or have a speech disability, call 304-579-4827 (not toll free).

For employer records only!

Do not send this form to the Social Security Administration.

The information contained on this form was submitted to the Social Security Administration on 01/31/2023.
The Wage File ID (WFID) assigned to this submission is: MF2H3Z.

	a Employee's social security number	OMB No. 1545-0008
	*****0424	

b Employer identification number (EIN) 84-4024133	1 Wages, tips, other compensation $31,131.04	2 Federal income tax withheld $9,313.77
c Employer's name, address, and ZIP code LAMBERTS FLOORING, INC. 9301 OCOEE ST, 64 PO BOX 6725 MARYVILLE, TN 37825	3 Social security wages $31,131.04	4 Social security tax withheld $1,288.45
	5 Medicare wages and tips $31,131.04	6 Medicare tax withheld $388.76
	7 Social security tips $0.00	8 Allocated tips $0.00
d Control number	9	10 Dependent care benefits $0.00
e Employee's first name and initial: CHRISTOPHER J. Last name: NEAL Suff 915 GRAYSON DR ALCOA, TN 37701	11 Nonqualified plans $0.00	12a Code $0.00
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code $0.00
	14 Other $0.00 $0.00 $0.00	12c Code $0.00
		12d Code $0.00
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
		$0.00	$0.00	$0.00	$0.00	
		$0.00	$0.00	$0.00	$0.00	

Form **W-2** **Wage and Tax Statement** **2022** Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

	a Employee's social security number	OMB No. 1545-0008
	*****0424	

b Employer identification number (EIN) 84-4024133	1 Wages, tips, other compensation $31,131.04	2 Federal income tax withheld $9,313.77
c Employer's name, address, and ZIP code LAMBERTS FLOORING, INC. 9301 OCOEE ST, 64 PO BOX 6725 MARYVILLE, TN 37825	3 Social security wages $31,131.04	4 Social security tax withheld $1,288.45
	5 Medicare wages and tips $31,131.04	6 Medicare tax withheld $388.76
	7 Social security tips $0.00	8 Allocated tips $0.00
d Control number	9	10 Dependent care benefits $0.00
e Employee's first name and initial: CHRISTOPHER J. Last name: NEAL Suff. 915 GRAYSON DR ALCOA, TN 37701	11 Nonqualified plans $0.00	12a Code $0.00
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code $0.00
	14 Other $0.00 $0.00 $0.00	12c Code $0.00
		12d Code $0.00
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
		$0.00	$0.00	$0.00	$0.00	
		$0.00	$0.00	$0.00	$0.00	

Form **W-2** **Wage and Tax Statement** **2022** Department of the Treasury—Internal Revenue Service

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

	a Employee's social security number *****0424	OMB No. 1545-0008	This information is being furnished to the Internal Revenue Service. 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.

b Employer identification number (EIN) 84-4024133	1 Wages, tips, other compensation $31,131.04	2 Federal income tax withheld $9,313.77
c Employer's name, address, and ZIP code LAMBERTS FLOORING, INC. 9301 OCOEE ST, 64 PO BOX 6725 MARYVILLE, TN 37825	3 Social security wages $31,131.04	4 Social security tax withheld $1,288.45
	5 Medicare wages and tips $31,131.04	6 Medicare tax withheld $388.76
	7 Social security tips $0.00	8 Allocated tips $0.00
d Control number	9	10 Dependent care benefits $0.00
e Employee's first name and initial: CHRISTOPHER J. Last name: NEAL Suff. 915 GRAYSON DR ALCOA, TN 37701	11 Nonqualified plans $0.00	12a Code $0.00
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code $0.00
	14 Other $0.00 $0.00 $0.00	12c Code $0.00
		12d Code $0.00
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
		$0.00	$0.00	$0.00	$0.00	
		$0.00	$0.00	$0.00	$0.00	

Form **W-2** **Wage and Tax Statement** **2022**

Copy C—For EMPLOYEE'S RECORDS

Department of the Treasury—Internal Revenue Service

Safe, accurate, FAST! Use IRS e-file

	a Employee's social security number *****0424	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) 84-4024133	1 Wages, tips, other compensation $31,131.04	2 Federal income tax withheld $9,313.77
c Employer's name, address, and ZIP code LAMBERTS FLOORING, INC. 9301 OCOEE ST, 64 PO BOX 6725 MARYVILLE, TN 37825	3 Social security wages $31,131.04	4 Social security tax withheld $1,288.45
	5 Medicare wages and tips $31,131.04	6 Medicare tax withheld $388.76
	7 Social security tips $0.00	8 Allocated tips $0.00
d Control number	9	10 Dependent care benefits $0.00
e Employee's first name and initial: CHRISTOPHER J. Last name: NEAL Suff. 915 GRAYSON DR ALCOA, TN 37701	11 Nonqualified plans $0.00	12a Code $0.00
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code $0.00
	14 Other $0.00 $0.00 $0.00	12c Code $0.00
		12d Code $0.00
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
		$0.00	$0.00	$0.00	$0.00	
		$0.00	$0.00	$0.00	$0.00	

Form **W-2** **Wage and Tax Statement** **2022**

Copy B—To Be Filed With Employee's FEDERAL Tax Return.

Department of the Treasury—Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov*.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2021 and more than $8,853.60 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than $5,203.80 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

(See also *Instructions for Employee* on the back of Copy C.)

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 Instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 Instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $20,500 ($14,000 if you only have SIMPLE plans; $23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $20,500. Deferrals under code H are limited to $7,000.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to $6,500 ($3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A --Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B --Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C --Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D --Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E --Elective deferrals under a section 403(b) salary reduction agreement

F --Elective deferrals under a section 408(k)(6) salary reduction SEP

G --Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H --Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J --Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K --20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L --Substantiated employee business expense reimbursements (nontaxable)

M --Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N --Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P --Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q --Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R --Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S --Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T --Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

V --Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W --Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y --Deferrals under a section 409A nonqualified deferred compensation plan

Z --Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA --Designated Roth contributions under a section 401(k) plan

BB --Designated Roth contributions under a section 403(b) plan

DD --Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE --Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF --Permitted benefits under a qualified small employer health reimbursement arrangement

GG --Income from qualified equity grants under section 83(i)

HH --Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits,** keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

	a Employee's social security number *****0424	OMB No. 1545-0008	
b Employer identification number (EIN) 84-4024133		1 Wages, tips, other compensation $31,131.04	2 Federal income tax withheld $9,313.77
c Employer's name, address, and ZIP code LAMBERTS FLOORING, INC. 9301 OCOEE ST, 64 PO BOX 6725 MARYVILLE, TN 37825		3 Social security wages $31,131.04	4 Social security tax withheld $1,288.45
		5 Medicare wages and tips $31,131.04	6 Medicare tax withheld $388.76
		7 Social security tips $0.00	8 Allocated tips $0.00
d Control number		9	10 Dependent care benefits $0.00
e Employee's first name and initial: CHRISTOPHER J. Last name: NEAL Suff. 915 GRAYSON DR ALCOA, TN 37701		11 Nonqualified plans $0.00	12a See Instructions for box 12 Code $0.00
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code $0.00
		14 Other $0.00 $0.00 $0.00	12c Code $0.00
			12d Code $0.00
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
		$0.00	$0.00	$0.00	$0.00	
		$0.00	$0.00	$0.00	$0.00	

Form **W-2** **Wage and Tax Statement** **2022** Department of the Treasury—Internal Revenue Service

Copy D — For Employer **For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.**

Employers, Please Note—

Specific information needed to complete Form W-2 is available in a separate booklet titled the 2022 General Instructions for Forms W-2 and W-3. You can order these instructions and additional forms at *www.irs.gov/OrderForms*.

Due dates. By January 31, 2023, furnish Copies B, C, and 2 to each person who was your employee during 2022. Mail or electronically file Copy A of Form(s) W-2 and W-3 with the SSA by January 31, 2023. See the separate instructions.

Need help? If you have questions about reporting on Form W-2, call the information reporting customer service site toll free at 866-455-7438 or 304-263-8700 (not toll free). For TTY/TDD equipment for persons who are deaf, hard of hearing, or have a speech disability, call 304-579-4827 (not toll free).

For employer records only!

Do not send this form to the Social Security Administration.

The information contained on this form was submitted to the Social Security Administration on 01/31/2023.
The Wage File ID (WFID) assigned to this submission is: MF2H3Z.

	a Employee's social security number *****3699	OMB No. 1545-0008	
b Employer identification number (EIN) 84-4024133		1 Wages, tips, other compensation $14,214.80	2 Federal income tax withheld $1,951.00
c Employer's name, address, and ZIP code LAMBERTS FLOORING, INC. 9301 OCOEE ST, 64 PO BOX 6725 MARYVILLE, TN 37825		3 Social security wages $14,214.80	4 Social security tax withheld $757.19
		5 Medicare wages and tips $14,214.80	6 Medicare tax withheld $170.57
		7 Social security tips $0.00	8 Allocated tips $0.00
d Control number		9	10 Dependent care benefits $0.00
e Employee's first name and initial JERRY C.	Last name SHEPHERD Suff	11 Nonqualified plans $0.00	12a Code $0.00
2904 DOMINION DR MARYVILLE, TN 37803		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code $0.00
		14 Other $0.00 $0.00 $0.00	12c Code $0.00
			12d Code $0.00
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
		$0.00	$0.00	$0.00	$0.00	
		$0.00	$0.00	$0.00	$0.00	

Form **W-2** **Wage and Tax Statement** **2022** Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

	a Employee's social security number *****3699	OMB No. 1545-0008	
b Employer identification number (EIN) 84-4024133		1 Wages, tips, other compensation $14,214.80	2 Federal income tax withheld $1,951.00
c Employer's name, address, and ZIP code LAMBERTS FLOORING, INC. 9301 OCOEE ST, 64 PO BOX 6725 MARYVILLE, TN 37825		3 Social security wages $14,214.80	4 Social security tax withheld $757.19
		5 Medicare wages and tips $14,214.80	6 Medicare tax withheld $170.57
		7 Social security tips $0.00	8 Allocated tips $0.00
d Control number		9	10 Dependent care benefits $0.00
e Employee's first name and initial JERRY C.	Last name SHEPHERD Suff.	11 Nonqualified plans $0.00	12a Code $0.00
2904 DOMINION DR MARYVILLE, TN 37803		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code $0.00
		14 Other $0.00 $0.00 $0.00	12c Code $0.00
			12d Code $0.00
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
		$0.00	$0.00	$0.00	$0.00	
		$0.00	$0.00	$0.00	$0.00	

Form **W-2** **Wage and Tax Statement** **2022** Department of the Treasury—Internal Revenue Service

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

	a Employee's social security number	OMB No. 1545-0008	This information is being furnished to the Internal Revenue Service. 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.
	******3699		

b Employer identification number (EIN) 84-4024133	1 Wages, tips, other compensation $14,214.80	2 Federal income tax withheld $1,951.00
c Employer's name, address, and ZIP code LAMBERTS FLOORING, INC. 9301 OCOEE ST, 64 PO BOX 6725 MARYVILLE, TN 37825	3 Social security wages $14,214.80	4 Social security tax withheld $757.19
	5 Medicare wages and tips $14,214.80	6 Medicare tax withheld $170.57
	7 Social security tips $0.00	8 Allocated tips $0.00
d Control number	9	10 Dependent care benefits $0.00
e Employee's first name and initial / Last name / Suff. JERRY C. SHEPHERD 2904 DOMINION DR MARYVILLE, TN 37803	11 Nonqualified plans $0.00	12a Code $0.00
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code $0.00
	14 Other $0.00 $0.00 $0.00	12c Code $0.00
		12d Code $0.00
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
		$0.00	$0.00	$0.00	$0.00	
		$0.00	$0.00	$0.00	$0.00	

Form W-2 Wage and Tax Statement **2022**

Copy C—For EMPLOYEE'S RECORDS

Department of the Treasury—Internal Revenue Service

Safe, accurate, FAST! Use IRS e-file

	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
	******3699			

b Employer identification number (EIN) 84-4024133	1 Wages, tips, other compensation $14,214.80	2 Federal income tax withheld $1,951.00
c Employer's name, address, and ZIP code LAMBERTS FLOORING, INC. 9301 OCOEE ST, 64 PO BOX 6725 MARYVILLE, TN 37825	3 Social security wages $14,214.80	4 Social security tax withheld $757.19
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d Control number	9	10 Dependent care benefits $0.00
e Employee's first name and initial / Last name / Suff. JERRY C. SHEPHERD 2904 DOMINION DR MARYVILLE, TN 37803	11 Nonqualified plans $0.00	12a Code $0.00
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code $0.00
	14 Other $0.00 $0.00 $0.00	12c Code $0.00
		12d Code $0.00
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
		$0.00	$0.00	$0.00	$0.00	
		$0.00	$0.00	$0.00	$0.00	

Form W-2 Wage and Tax Statement **2022**

Copy B—To Be Filed With Employee's FEDERAL Tax Return.

Department of the Treasury—Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov*.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

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(See also *Instructions for Employee* on the back of Copy C.)

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 Instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 Instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $20,500 ($14,000 if you only have SIMPLE plans; $23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $20,500. Deferrals under code H are limited to $7,000.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to $6,500 ($3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A --Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B --Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C --Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D --Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E --Elective deferrals under a section 403(b) salary reduction agreement

F --Elective deferrals under a section 408(k)(6) salary reduction SEP

G --Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H --Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J --Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K --20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L --Substantiated employee business expense reimbursements (nontaxable)

M --Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N --Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P --Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q --Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R --Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S --Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T --Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

V --Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W --Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y --Deferrals under a section 409A nonqualified deferred compensation plan

Z --Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA --Designated Roth contributions under a section 401(k) plan

BB --Designated Roth contributions under a section 403(b) plan

DD --Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE --Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF --Permitted benefits under a qualified small employer health reimbursement arrangement

GG --Income from qualified equity grants under section 83(i)

HH --Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits,** keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

	a Employee's social security number	OMB No. 1545-0008	
	*****3699		
b Employer identification number (EIN)		1 Wages, tips, other compensation	2 Federal income tax withheld
84-4024133		$14,214.80	$1,951.00
c Employer's name, address, and ZIP code		3 Social security wages	4 Social security tax withheld
LAMBERTS FLOORING, INC. 9301 OCOEE ST, 64 PO BOX 6725 MARYVILLE, TN 37825		$14,214.80	$757.19
		5 Medicare wages and tips	6 Medicare tax withheld
		$14,214.80	$170.57
		7 Social security tips	8 Allocated tips
		$0.00	$0.00
d Control number		9	10 Dependent care benefits
			$0.00
e Employee's first name and initial / Last name / Suff.		11 Nonqualified plans	12a See Instructions for box 12
JERRY C. / SHEPHERD		$0.00	Code / $0.00
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b
2904 DOMINION DR MARYVILLE, TN 37803			Code / $0.00
		14 Other	12c
		$0.00	Code / $0.00
		$0.00	12d
f Employee's address and ZIP code		$0.00	Code / $0.00

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
		$0.00	$0.00	$0.00	$0.00	
		$0.00	$0.00	$0.00	$0.00	

Form **W-2** **Wage and Tax Statement** **2022** Department of the Treasury—Internal Revenue Service

Copy D — For Employer **For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.**

Employers, Please Note—

Specific information needed to complete Form W-2 is available in a separate booklet titled the 2022 General Instructions for Forms W-2 and W-3. You can order these instructions and additional forms at *www.irs.gov/OrderForms*.

Due dates. By January 31, 2023, furnish Copies B, C, and 2 to each person who was your employee during 2022. Mail or electronically file Copy A of Form(s) W-2 and W-3 with the SSA by January 31, 2023. See the separate instructions.

Need help? If you have questions about reporting on Form W-2, call the information reporting customer service site toll free at 866-455-7438 or 304-263-8700 (not toll free). For TTY/TDD equipment for persons who are deaf, hard of hearing, or have a speech disability, call 304-579-4827 (not toll free).

For employer records only!

Do not send this form to the Social Security Administration.

The information contained on this form was submitted to the Social Security Administration on 01/31/2023.
The Wage File ID (WFID) assigned to this submission is: MF2H3Z.