		ployee's FEDERAL Tax the Internal Revenue Service.	Return	OMB No. 1545-0008			
a. Employe	ee's social security numbe		npensation 2.	2. Federal income tax withheld 1581.59 4. Social security tax withheld			
5442	99999	Social security was					
- Employ	er ID number (EIN)		4.46	1602.98			
20-1518972		5. Medicare wages a	nd tips 6	6. Medicare tax withheld			
20 1.	310372	2585	54.46	374.89			
. Employ	er's name, address, a	and ZIP code		-			
Daniel	. A Radatti DD	S LLC					
	IE 3rd St Suit	e B-105					
BEND,	OR 97701						
d. Control	number						
e. Employ	ee's name, address,	and ZIP code					
Jack	ie Coen						
9999	Weeping Will	ow Dr					
	OR 97701						
7 Social s	security tips	8. Allocated tips					
	occurry upo			9 Verification Code			
				9. Verification Code			
	ndent care benefits	11. Nonqualified plans		Verification Code 12a. Code See inst. for Box 12			
	ndent care benefits						
10. Deper	ndent care benefits ory employee	11. Nonqualified plans		12a. Code See inst. for Box 12			
10. Deper		11. Nonqualified plans		12a. Code See inst. for Box 12 D 1000.00			
10. Deper	ory employee	11. Nonqualified plans		12a. Code See inst. for Box 12 D 1000.00			
10. Deper	ory employee	11. Nonqualified plans		12a. Code See inst. for Box 12 D 1000.00			
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10. Deper 13. Statute Rei	tirement plan Y I-party sick pay	11. Nonqualified plans		12a. Code See inst. for Box 12 D 1000.00 12b. Code			
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Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return											
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3. Social security wages 25854.46 20-1518972 25854.46 1602.98 5. Medicare wages and tips 25854.46 374.89 6. Employer's name, address, and ZIP code Daniel A Radatti DDS LLC 1250 NE 3rd St Suite B-105 BEND, OR 97701 d. Control number e. Employee's name, address, and ZIP code Jackie Coen 9999 Weeping Willow Dr BEND, OR 97701 7. Social security tips 8. Allocated tips 9. Verification Code 10. Dependent care benefits 11. Nonqualified plans 12a. Code See inst. for Box 12 D 1000.00 13. Statutory employee 14. Other OR STT WH 24.86 Retirement plan Y Third-party sick pay 12d. Code 15. State Employer's state ID number 16. State wages, tips, etc. 19. Local income tax 20. Locality name		•									
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	15. State	Employer's state ID	number	number 16. State wages, tips, etc. 17.State income tax							
Form W-2 Wage and Tax Statement 2022 Department of the Treasury - Internal Revenue Service	18. Local	wages, tips, etc.	19. Local incom	e tax	20. Locailty r	name					
	Form W-2	! Wage and Tax State	ement	20)22 Departi	ment of th	e Treasury ~	Internal Revenue Service			

a Employed	e's social security number	1 Wages tips of	ther compensation	2 Fede	eral income tax withheld			
a. Employee	o o ocolai ocoani, namboi	24854.46			1581.59			
5442	99999				1581.59			
		Social secu		4. Soc	I. Social security tax withheld			
b. Employ	er ID number (EIN)		25854.46		1602.98			
20-1	518972	5. Medicare wages and tips 6.			6. Medicare tax withheld			
20 1.	310372		25854.46	Ì	374.89			
c. Employ	er's name, address, a	nd ZIP code						
Daniel	. A Radatti DDS	5 LLC						
1250 N	IE 3rd St Suite	e B-105						
BEND,	OR 97701							
d. Control	number							
e. Employ	ee's name, address, a	and ZIP code						
Jack	tie Coen							
9999	Weeping Will	ow Dr						
BENI	O, OR 97701							
7. Social s	security tips	8. Allocated tips		9. \	/erification Code			
10. Deper	ndent care benefits	11. Nonqualified	plans	128	12a. Code See inst. for Box 12 D 1000.00			
	_							
13. Statute	ory employee	14. Other		12b	12b. Code			
		OR STT WH 24	.86					
Re	tirement plan			120	c. Code			
	Y							
				12d. Code				
Third	l-party sick pay			1120	d. Code			
Third	l-party sick pay			120	d. Code			
Third	1230074-3		24854		1. Code			
		number	24854 16. State wages, tip	.46				
OR 15. State	1230074-3	number 19. Local income	16. State wages, tip	. 46 os,	1456.51			
OR 15. State	1230074-3 Employer's state ID		16. State wages, tip	. 46 os,	1456.51			

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Form W-2 Wage and Tax S	tatemen	t	20	22 Departm	nent of th	ne Treasury ~ Inter	nal Revenue Service		
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Copy 2To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008							1545-0008		
a. Employee's social security num	ber 1.	Wages, tips, other compensation 2.				ederal income tax withheld			
544299999	- 1	24854.46				1581.59			
	_	3. Social security wages 4. 25854.46				Social sececutity tax withheld 1602.98			
b. Employer ID number (EIN	_					Medicare tax withheld			
20-1518972) 	5. Medicare wages and tips 6. 25854.46			o. IVIE	374.89			
c. Employer's name, addres									
1250 NE 3rd St Suite B-105 BEND, OR 97701									
d. Control number									
e. Employee's name, addres	s, and Zl	IP code							
Jackie Coen									
9999 Weeping Wil	9999 Weeping Willow Dr								
BEND, OR 97701									
7. Social security tips	8. Al	8. Allocated tips			9.	9. Verification Code			
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10. Dependent care benefits	11. N	11. Nonqualified plans			12	12a. Code See inst. for Box 12 D 1000.00			
13. Statutory employee		14. Other OR STT WH 24.86			12	12b. Code			
Retirement plan					12	12c. Code			
Third-party sick pay					12	12d. Code			
OR 1230074-3	1-3			24854.4			1456.51		
15. State Employer's state	State Employer's state ID number			tate wages, tip	s,	17.State income tax			
18. Local wages, tips, etc.	19. Lo	ocal income t	e tax 20. Locailty nam			ne			