Form W-2 Wage and Tax Statement 2021	7 Social security tips	1 Wages, tips, other comp. 37651.70	2 Federal income tax withheld 1701.22
c Employer's name, address, and ZIP code STATE OF MINNESOTA	8 Allocated tips	<b>3</b> Social security wages 40095.70	4 Social security tax withheld
400 CENTENNIAL BUILDING	9	5 Medicare wages and tips 40095.70	6 Medicare tax withheld 581.39
658 CEDAR STREET ST PAUL MN 55155-1616	10 Dependent care benefits	11 Nonqualified plans	12aSee instructions for box 122DD8428.81
e Employee's name, address, and ZIP code LAMONT J PYYKKONEN	13 Statutory Retirement Third-party plan sick pay	14 Other	12b
5470 BLACKBERRY TRAIL 117	<b>b</b> Employer identification number (EIN) 41-6007162	))	12c
INVER GROVE HEIGHTS MN 55076	a Employee's social security no. 468-35-8735	]	12d
15 State         Employer's state I.D. no.         16 State wages, tips, MIN         9000001         37	etc. <b>17</b> State income tax <b>18</b> Loc 151.70	cal wages, tips, etc. 19 Local inc	nome tax 20 Locality name

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

This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008

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		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.
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			negligence penalty or other sanction may be impos	ed on you if this income is taxable and you fail to report it.
Form W-2 Wage and Tax Stateme	ent 2021	7 Social security tips	1 Wages, tips, other comp. 37651.70	2 Federal income tax withheld 1701.22
c Employer's name, address, and ZIP code STATE OF MINNESOTA		8 Allocated tips	3 Social security wages 40095.70	4 Social security tax withheld 2485.93
400 CENTENNIAL BUILDING 658 CEDAR STREET		9	5 Medicare wages and tips 40095.70	6 Medicare tax withheld 581.39
ST PAUL MN 55155-1616		<b>10</b> Dependent care benefits	11 Nonqualified plans	12aSee instructions for box 12gDD8428.81
e Employee's name, address, and ZIP code LAMONT J PYYKKONEN		13 Statutory Retirement plan Sick pay		12b
5470 BLACKBERRY TRAIL 117 INVER GROVE HEIGHTS MN 55		41-6007162 a Employee's social security no.		12d
		468-35-8735	_	
15         State         Employer's state I.D. no.           MN         9000001	16 State wages, tips, etc. 37651.		Local wages, tips, etc. 19 Local inc	come tax 20 Locality name
Copy C For EMPLOYEE'S RECORDS (See No	tice to Employee on back of	of Copy B)	OMB No. 1545-0008	Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement 2023	7 Social security tips	1 Wages, tips, other comp. 37651.70	2 Federal income tax withheld 1701.22
c Employer's name, address, and ZIP code STATE OF MINNESOTA	8 Allocated tips	3 Social security wages 40095.70	4 Social security tax withheld 2485.93
400 CENTENNIAL BUILDING 658 CEDAR STREET	9	5 Medicare wages and tips 40095.70	6 Medicare tax withheld 581.39
ST PAUL MN 55155-1616	<b>10</b> Dependent care benefits	11 Nonqualified plans	12a DD 8428.81
e Employee's name, address, and ZIP code LAMONT J PYYKKONEN	IS employee plan sic	rd-party kpay 14 Other	12b
5470 BLACKBERRY TRAIL 117	<b>b</b> Employer identification num 41-6007162	ber (EIN)	
INVER GROVE HEIGHTS MN 55076	a Employee's social security r 468-35-8735	10.	12d
15         State         Employer's state I.D. no.         16         State wages,           MN         9000001	tips, etc. 37651.70 17 State income tax 1809.76	18 Local wages, tips, etc. 19 Local inc	ome tax 20 Locality name
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		7 Social security tips	<ol> <li>Wages, tips, other comp.</li> </ol>	2 Federal income tax withheld
Form W-2 Wage and Tax Stateme	nt 2021		37651.70	1701.22
c Employer's name, address, and ZIP code		8 Allocated tips	3 Social security wages	4 Social security tax withheld
STATE OF MINNESOTA			40095.70	2485.93
400 CENTENNIAL BUILDING		9	5 Medicare wages and tips	6 Medicare tax withheld
658 CEDAR STREET			40095.70	581.39
		10 Dependent care benefits	11 Nonqualified plans	12a
ST PAUL MN 55155-1616				ğDD 8428.81
e Employee's name, address, and ZIP code		13 Statutory Retirement Third-party employee plan sick pay	14 Other	12b
LAMONT J PYYKKONEN 5470 BLACKBERRY TRAIL 117		~		000
		<b>b</b> Employer identification number (E	EIN)	12c
		41-6007162		00 de
INVER GROVE HEIGHTS MN 55076		a Employee's social security no.		12d
		468-35-8735		Co de
15 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax 18	Local wages, tips, etc. 19 Local in	come tax 20 Locality name
MN 9000001	37651	.70 1809.76		
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