a. Employee's Social Security Number ****1305	OMB No. 1545-0008			
b. Employer's Identification Number (EIN) d. Control number		1 Wages, Tips, and other compensation 2 Federal Income Tax withheld		
31-1575142		27116.49 2548.34		
c. Employer's Name, Address, and ZIP Code		3 Social Security Wages	4 Social Security Tax withheld	
DEFENSE FINANCE & ACTG SERV		28658.45	1776.82	
AGENT FOR VETERANS AFFAIRS		5 Medicare Wages and Tips	6 Medicare Tax withheld	
1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199		28658.45	415,55	
		7 Social Security tips	8 Allocated Tips	
BAMBIE MICHELLE SMITH 921 NE 16TH ST OKLAHOMA CITY OK 73104-4609		9 12 See instructions for box 12 DD 20424.02 D 1541.96	10 Dependent Care Benefits 14 See instructions for box 14 K 1032.08 V 5508.52	
		13 ☐ Statutory ☐ Replayee ☐ Pi	etirement Third-party an Sick pay	
15 State Employer's State ID Number 16 State Wage	· • •	ne Tax 18 Local wages, tips, etc 19 Local	Income Tax 20 Locality name	
OK 340727612F 27116.49	733.00			
15 State Employer's State ID Number 16 State Wage	s, Tips, etc 17 State Incon	ne Tax 18 Local wages, tips, etc 19 Local	Income Tax 20 Locality name	

Department of the Treasury - Internal Revenue Service Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service

a. Employee's Social Security Number *****1305	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's Identification Number (EIN) d. Contro	Number	1 Wages, Tips, other compens	sation 2 Federal Inc	2 Federal Income Tax withheld	
31-1575142		27116.49	2548.34	2548.34	
c. Employer's Name, Address, and ZIP Code		3 Social Security Wages	4 Social Secu	4 Social Security Tax withheld	
DEFENSE FINANCE & ACTG SERV	28658.45	1776.82	1776.82		
AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199		5 Medicare Wages and Tips	6 Medicare T	6 Medicare Tax withheld	
		28658.45	415.55	415.55	
		7 Social Security tips	8 Allocated T	8 Allocated Tips	
1					
e/f. Employee's Name, Address, and ZIP Code		9	10 Dependen	it Care Benefits	
BAMBIE MICHELLE SMITH					
921 NE 16TH ST OKLAHOMA CITY OK 73104-4609		12 See instructions for box 12	14 See instru	ctions for box 14	
		DD 20424.02	i	1032.08	
		D 1541.96	V .	5508.52	
		40			
		13 Statutory Employee	Retirement Plan	☐ Third-party sick pay	
15 State Employer's State ID Number 16 State Wag OK 340727612F 27116.49		ne Tax 18 Local wages, tips, el	tc 19 Local Income Tax	20 Locality name	
15 State Employer's State ID Number 16 State Wag	es, Tips, etc 17 State Incor	ne Tax 18 Local wages, tips, et	tc 19 Local Income Tax	20 Locality name	
	1			Internal Devenue Sanda	

Department of the Treasury - Internal Revenue Service

Wage and Tax Statement 2022

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on Back of Copy B)