a. Employee's Social Security Number *****5596	OMB No. 1545-0008		
b. Employer's Identification Number (EIN) 35-1819323	d. Control number	1 Wages, Tips, and other compensation 9095.38	2 Federal Income Tax withheld 597.07
c. Employer's Name, Address, and ZIP Code DFAS ATTN:DFASIN/JANEA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249		3 Social Security Wages 9376.68	4 Social Security Tax withheld 581.35
		5 Medicare Wages and Tips 9376.68	6 Medicare Tax withheld 135.96
		7 Social Security tips	8 Allocated Tips
e/f. Employee's Name, Address, and ZIP Code MELISSA ANN GRIFFITHS 120 WILLOW LANE [illegible] IL 62684		9	10 Dependent Care Benefits
		12 See instructions for box 12 D 23 281.30 AA 93.77	14 See instructions for box 14
		13 ☐ Statutory Employee ☒ Retirement Plan ☐ Third-party sick pay	

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
IL	35-1819323					
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

Form **W-2** Wage and Tax Statement **2023**

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 *****5596	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) 35-1819323	d. Control Number	1 Wages, Tips, other compensation 9095.38	2 Federal Income Tax withheld 597.07
c. Employer's Name, Address, and ZIP Code DFAS ATTN:DFASIN/JANEA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249		3 Social Security Wages 9376.68	4 Social Security Tax withheld 581.35
		5 Medicare Wages and Tips 9376.68	6 Medicare Tax withheld 135.96
		7 Social Security tips	8 Allocated Tips
e/f. Employee's Name, Address, and ZIP Code MELISSA ANN GRIFFITHS 120 WILLOW LANE [illegible] IL 62684		9	10 Dependent Care Benefits
		12 See instructions for box 12 D 23 281.30 AA 93.77	14 See instructions for box 14
		13 ☐ Statutory Employee ☒ Retirement Plan ☐ Third-party sick pay	

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
IL	35-1819323					
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

Department of the Treasury - Internal Revenue Service

Form **W-2** Wage and Tax Statement **2023**

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

a Employee's social security number
***-**-6596

OMB No. 1545-0008

Safe, accurate, FAST! Use IRS e-file Visit the IRS website at www.irs.gov/efile.

b Employer's identification number (EIN)
37-600 2057

c Employer's name, address, and ZIP code
STATE OF ILLINOIS 69-0330001
COMPTROLLER - WITHHOLDING AGENT
325 WEST ADAMS STREET
SPRINGFIELD, ILLINOIS 62704-1871

* SALARY *
01-16-24
33-017

d Control number
70216

e Employee's first name and initial: MELISSA A
Last name: GOLEASH
Suff.

120 WILLOW LANE
SHERMAN IL 62684

f Employee's address and ZIP code

1 Wages, tips, other compensation	25806.43
2 Federal income tax withheld	715.10
3 Social security wages	26960.30
4 Social security tax withheld	1671.55
5 Medicare wages and tips	26960.30
6 Medicare tax withheld	390.92
7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	.00
11 Nonqualified plans	.00
12a See instructions for box 12 EE	375.00
13 Statutory employee / Retirement plan / Third party sick pay: ☐ ☒ ☐	
12b	.00
14 Other	
12c	.00
12d	.00

15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
IL	1376002057	25806.43	1189.96			

Form W-2 Wage and Tax Statement 2023
Copy B To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

Department of the Treasury-Internal Revenue Service

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

2023 OMB No. 1545-0008

a Employee's social security number 483-23-6596	1 Wages, tips, other comp. 6980.16	2 Federal income tax withheld 433.83
	3 Social security wages 6980.16	4 Social security tax withheld 432.76
b Employer ID number 37-1337951	5 Medicare wages and tips 6980.16	6 Medicare tax withheld 101.23

c Employer's name, address, and ZIP code
H & I Fitness, LTD.
3631 SO 6th St STE A
Springfield, IL 62703

d Control Number
31073 1423

e Employee's name, address, and ZIP code
Melissa Goleash
120 Willow Lane
Sherman , IL 62684

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a Code
13 Statutory employee	14 Other	12b Code
Retirement plan		12c Code
3rd party sick pay		12d Code

IL 37-1337951	6980.16	345.52
15 State Empl.'s state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **Dept. of the Treasury - IRS**

This information is being furnished to the Internal Revenue Service

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) **2**

a Employee's social security number 483-23-6596	1 Wages, tips, other comp 6980.16	2 Fe
	3 Social security wages 6980.16	4 S
b Employer ID number 37-1337951	5 Medicare wages and tips 6980.16	6 M

c Employer's name, address, and ZIP code
H & I Fitness, LTD.
3631 SO 6th St STE A
Springfield, IL 62703

d Control Number
31073 1423

e Employee's name, address, and ZIP code
Melissa Goleash
120 Willow Lane
Sherman , IL 62684

7 Social security tips	8 Allocated tips	9 A
10 Dependent care benefits	11 Nonqualified plans	12a
13 Statutory employee	14 Other	12b
Retirement plan		12c
3rd party sick pay		12d

IL 37-1337951	6980.16
15 State Empl.'s state I.D. #	16 State wages, tips, etc.
18 Local wages, tips, etc.	19 Local income tax

Form W-2 Wage and Tax Statement D

This information is being furnished to the Internal Revenue Service. tax return, a negligence penalty/other sanction may be imposed on