

22222	a Employee's social security number	OMB No. 1545-0008			
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld
			5 Medicare wages and tips		6 Medicare tax withheld
			7 Social security tips		8 Allocated tips
d Control number			9	10 Dependent care benefits	
e Employee's first name and initial Last name Suff.			11 Nonqualified plans		12a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			13 Statutory employee Retirement plan Third-party sick pay		12b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			14 Other		12c <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
					12d <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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

Form **W-2 Wage and Tax Statement**
Copy 1—For State, City, or Local Tax Department

2020

Department of the Treasury—Internal Revenue Service