

|   |  |                                     |  |  |  |                                |  |                     |  |                  |  |
|---|--|-------------------------------------|--|--|--|--------------------------------|--|---------------------|--|------------------|--|
| 22222   |  | a Employee's social security number |  | OMB No. 1545-0029  |  |                                |  |                     |  |                  |  |
| 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                            |  |                     |  |                  |  |
|   |  |                                     |  | 13 Statutory employee                      Retirement plan                      Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | 12b                            |  |                     |  |                  |  |
|   |  |                                     |  | 14 Other   |  | 12c                            |  |                     |  |                  |  |
|   |  |                                     |  |  |  | 12d                            |  |                     |  |                  |  |
| 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 |  |
|   |  |                                     |  |  |  |                                |  |                     |  |                  |  |