	a Employee's social security number						
		OMB No. 1545	5-0008				
b Employer identification number (EIN)			1 Wag	ges, tips, other compensation	2 Federal income tax withheld		
c Employer's name, address, and ZIP code			3 Soc	cial security wages	4 Social security tax withheld		
			5 Med	dicare wages and tips	6 Medicare tax w	vithheld	
			7 Soc	cial security tips	8 Allocated tips		
d Control number			9		10 Dependent car	re benefits	
e Employee's first name and initial	Last name	Suff.	11 Nor	nqualified plans	12a		
			13 Statu	utory Retirement Third-party loyee plan sick pay			
			14 Oth	er	12c		
					12d		
f Employee's address and ZIP cod	e				8		
15 State Employer's state ID numb	er 16 State wages, tips, etc.	17 State incom	e tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
W_2 Wage and	d Tax Statement	202	חכ	Department of	of the Treasury—Interna	al Revenue Servic	

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Copy 2—To Be Filed With Employee's State, City, or Local **Income Tax Return**

	a Employee's social security number	T				
	a Employee o decidar decarry number	OMB No. 1545	5-0008			
b Employer identification number (EIN)			1 Wag	ges, tips, other compensation	2 Federal income tax withheld	
c Employer's name, address, and ZIP code			3 Soc	cial security wages	4 Social security tax withheld	
			5 Me	dicare wages and tips	6 Medicare tax withheld	
			O IVIO	alcare wages and tips	• Wedicale tax withheid	
			7 Soc	cial security tips	8 Allocated tips	
d Control number			9	10 Dependent care benefits		
e Employee's first name and initial Last name Suff.		11 Nor	1 Nonqualified plans 12a			
			13 Statu	itory Retirement Third-party loyee plan sick pay	12b	
			14 Oth	er	12c C C C C C C C C C C C C C C C C C C C	
					12d	
f Employee's address and ZIP code						
15 State Employer's state ID numb	per 16 State wages, tips, etc.	17 State incom	ne tax	18 Local wages, tips, etc.	19 Local inco	ome tax 20 Locality nam
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Form **W-2** Wage and Tax Statement

