VOID L	's social security number							
	•	OMB No. 154	15-0008					
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 Med	dicare wages an	d tips	6 Medi	care tax wit	hheld
			7 Soc	ial security tips		8 Alloca	ated tips	
d Control number			9			10 Dependent care benefits		
e Employee's first name and initial Last name S			11 Nonqualified plans			12a See instructions for box 12		
			13 Statu	tory Retirement	Third-party sick pay	12b		
			14 Oth	er		12c		
						12d		
f Employee's address and ZIP code						3		
15 State Employer's state ID number	16 State wages, tips, etc. 17 State incor		ne tax 18 Local wages, tips, etc. 1		19 Local ind	come tax	20 Locality name	
	tement	202			For		-	
Copy D—For Employer	's social security number					Privacy Act	and Paper	work Reduction
VOID a Employee		OMB No. 154				Privacy Act Act Notice,	and Paper see separa	work Reductions
a Employee			45-0008	es, tips, other co		Privacy Act Act Notice,	and Paper	work Reductions
VOID a Employee			15-0008 1 Waç	es, tips, other co	mpensation	Privacy Act Act Notice,	and Paper see separa	work Reductions ate instructions
VOID a Employee b Employer identification number (EIN)			15-0008 1 Wag 3 Soc		mpensation	Privacy Act Act Notice, 2 Feder 4 Social	and Paper see separa	work Reductions ate instructions ax withheld
VOID a Employee b Employer identification number (EIN)			15-0008 1 Waç 3 Soc 5 Med	ial security wag	mpensation	Privacy Act Act Notice, 2 Feder 4 Social	and Paper see separa	work Reductions ate instructions ax withheld
VOID a Employee b Employer identification number (EIN)			15-0008 1 Waç 3 Soc 5 Med	ial security wag	mpensation	Privacy Act Act Notice, 2 Fedel 4 Social 6 Media 8 Alloca	and Paper see separaral income to all security ta	ax withheld ax withheld hheld
VOID a Employee b Employer identification number (EIN) c Employer's name, address, and ZIP code	's social security number		3 Soc 5 Med 7 Soc 9	ial security wag	mpensation	Privacy Act Act Notice, 2 Fedel 4 Socia 6 Medi 8 Alloca 10 Depe	and Paper see separaral income to all security tall care tax with atted tips	ax withheld hheld benefits
VOID a Employee b Employer identification number (EIN) c Employer's name, address, and ZIP code d Control number	's social security number	OMB No. 154	3 Soc 5 Med 7 Soc 9	ial security wag dicare wages an ial security tips nqualified plans	mpensation es d tips	Privacy Act Act Notice, 2 Fede 4 Socia 6 Medi 8 Alloca 10 Depe	ral income to all security taccare tax with atted tips	ax withheld hheld benefits
VOID a Employee b Employer identification number (EIN) c Employer's name, address, and ZIP code d Control number	's social security number	OMB No. 154	15-0008 1 Wag 3 Soc 5 Mee 7 Soc 9	ial security wag dicare wages an ial security tips aqualified plans tory Retirement	mpensation es d tips	Privacy Act Act Notice, 2 Feder 4 Social 6 Media 8 Alloca 10 Depe	ral income to all security taccare tax with atted tips	ux withheld hheld benefits
VOID a Employee b Employer identification number (EIN) c Employer's name, address, and ZIP code d Control number	's social security number	OMB No. 154	1 Wag 1 Wag 3 Soc 5 Med 7 Soc 9 11 Not	ial security wag dicare wages an ial security tips aqualified plans tory Retirement	mpensation es d tips	Privacy Act Act Notice, 2 Feder 4 Social 6 Media 8 Alloca 10 Depe	ral income to all security taccare tax with atted tips	ax withheld hheld benefits

Form **W-2** Wage and Tax Statement Copy D-For Employer

15 State Employer's state ID number



17 State income tax

16 State wages, tips, etc.

18 Local wages, tips, etc. 19 Local income tax

20 Locality name