

<b>22222</b>		Void <input type="checkbox"/>		<b>a</b> Employee's social security number		<b>For Official Use Only ►</b> <b>OMB No. 1545-0008</b>							
<b>b</b> Employer identification number (EIN)				1 Wages, tips, other compensation		2 Federal income tax withheld							
				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							
<b>c</b> Employer's name, address, and ZIP code				9		10 Dependent care benefits							
<b>d</b> Control number													
<b>e</b> Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a See instructions for box 12					
						13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b					
						14 Other		12c					
								12d					
<b>f</b> 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 A For Social Security Administration** — Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

**2019**

Department of the Treasury — Internal Revenue Service

**For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.**

Cat. No. 10134D

Do Not Cut, Fold, or Staple Forms on This Page

<b>22222</b>		Void <input type="checkbox"/>		<b>a</b> Employee's social security number		<b>For Official Use Only ►</b> <b>OMB No. 1545-0008</b>							
<b>b</b> Employer identification number (EIN)				1 Wages, tips, other compensation		2 Federal income tax withheld							
				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							
<b>c</b> Employer's name, address, and ZIP code				9		10 Dependent care benefits							
<b>d</b> Control number													
<b>e</b> Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a See instructions for box 12					
						13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b					
						14 Other		12c					
								12d					
<b>f</b> 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 A For Social Security Administration** — Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

**2019**

Department of the Treasury — Internal Revenue Service

**For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.**

Cat. No. 10134D

Do Not Cut, Fold, or Staple Forms on This Page