	a Employee's social secu	urity number			
	a Limployee's social sect	OMB No. 15	545-0008	ļ	
b Employer identification number (EIN)			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	Suf	f. 11 Nonqualified plans	12a	
			13 Statutory employee Retirement Third-party sick pay	12b	
			14 Other	12c	
				12d	
f Employee's address and ZIP cod	e				
15 State Employer's state ID number	er 16 State wa	ges, tips, etc. 17 State inc	ome tax 18 Local wages, tips, etc.	19 Local income tax 20 Locality name	
W 0		70	Department	of the Treasury—Internal Revenue Service	

Form **W-2** Wage and Tax Statement

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Department of the Treasury—Internal Revenue Service

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

	1						
	a Employee's social security number						
		OMB No. 1545-	45-0008				
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 initia	l Last name	Suff.	11 Nonqualified plans 12a				
					d e		
			13 Statutory employee Retirement plan Third-party sick pay 12b				
					d e		
			14 Other 12c				
					d e		
					12d		
					d e		
f Employee's address and ZIP code							
15 State Employer's state ID numb	per 16 State wages, tips, etc.	17 State income	e tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

