Form <b>W-2</b> Wage and Tax Statement Copy D-For Employer		20	<del>_</del> For F		the Treasury—Internal Revenue Servic Privacy Act and Paperwork Reductio Act Notice, see separate instructions			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State Incor		18 Local wages, tips, etc.	19 Local income tax 20 Locality			
d Control number  e Employee's first name and initial Last name  f Employee's address and ZIP code			11 Nonqualified plans  13 Statutory employee plan sick pay  14 Other		10 Dependent care benefits  12a See instructions for box 12  12b  12c  12d  12d			
2 Employor & Namo, dedicas, and En Code			5 Med	dicare wages and tips	6 Medicare tax withheld  8 Allocated tips			
c Employer's name, address, and ZIP code			sial security wages	4 Social security tax withheld				
VOID a Employee's social security number OMB No. 15-			15-0008  1 Wages, tips, other compensation 2 Federal income tax withheld					

VOID 🗌	a Employee's social security number								
VOID		OMB No. 154			5-0008				
<b>b</b> Employer identification number (EIN)			1 Wag	es, tips, other compensation	2 Federal income tax withheld				
c Employer's name, address, and ZIP code			3 Soc	ial security wages	4 Social security tax withheld				
			5 Med	dicare wages and tips	6 Medicare tax withheld				
				ial security tips	8 Allocated tips				
d Control number			9		10 Dependent care benefits				
e Employee's first name and initial Last name Suff.			<b>11</b> Nor	qualified plans	12a See instructions for box 12				
			13 Statu	tory Retirement Third-party byee plan sick pay	12b				
			14 Other		12c				
					12d				
f Employee's address and ZIP cod	e								
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			