a Employe	e's social security number	OMB No. 154	5-0008	This information is being fur are required to file a tax returnay be imposed on you if the state of the state	nished to the Ir Irn, a negligenc nis income is ta	nternal Revenue e penalty or o xable and you	ue Service. If you other sanction u fail to report it.	
b Employer identification number (EIN)				ges, tips, other compensation	2 Fede	2 Federal income tax withheld		
c Employer's name, address, and ZIP code			3 Soc	cial security wages	4 Socia	4 Social security tax withheld		
			5 Me	dicare wages and tips	6 Medi	care tax with	held	
			7 Soc	cial security tips	8 Alloc	ated tips		
d Control number			9 Ver	ification code	10 Depe	endent care l	penefits	
e Employee's first name and initial Last name Suf			11 Nonqualified plans 12a See instructions for box			for box 12		
			13 State emp	utory Retirement Third-par loyee plan sick pay	12b			
			14 Oth	er	12c			
					12d			
f Employee's address and ZIP code								
15 State Employer's state ID number	16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local inc	come tax	20 Locality name	
Wage and Tax Statement		2017)	Department of Safe	the Treasury-		renue Service	

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)



	a Employee's social security number	This information is being furnished to the Internal Revenue Service. If you one of the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.					
b Employer identification number (EIN)			1 Wa	1 Wages, tips, other compensation 2 Federal income			
c Employer's name, address, and ZIP code			3 Sc	ocial security wages	4 Social security tax withheld		
			5 Me	edicare wages and tips	6 Medica	re tax withheld	
			7 Sc	ocial security tips	8 Allocate	ed tips	
d Control number			9 Ve	rification code	10 Depend	dent care benefits	
e Employee's first name and initial Last name Suff.			Code		See instructions for box 12		
			13 Sta	tutory Retirement Third-party ployee plan sick pay	12b C o d e		
			14 Oth	ner	12c		
					12d		
f Employee's address and ZIP cod	le						
15 State Employer's state ID num	16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local incon	ne tax 20 Locality name	

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

2017

Department of the Treasury-Internal Revenue Service



