|   | a Employee's social security number | OMB No. 1545-0008  This information is being furnished to 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>b</b> Employer identification number (EIN)       |                                     |   | <b>1</b> Wa             | 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   |                                |                  |
|   |                                     |   | <b>7</b> So             | cial security tips  | 8 Allocated tips               |                  |
| d Control number                                    |                                     |   | 9                       |   | 10 Dependent care b            | enefits          |
| e Employee's first name and initial Last name Suff. |                                     | 11 Nonqualified plans   |                         | 12a See instructions for box 12                                 |                                |                  |
|   |                                     |   | 13 Stat emp             | utory Retirement Third-party sloyee plan sick pay               | 12b                            |                  |
|   |                                     |   | 14 Other                |   | 12c                            |                  |
|   |                                     |   |                         |   | 12d                            |                  |
| f Employee's address and ZIP cod                    | le                                  |   |                         |   |                                |                  |
| 15 State Employer's state ID numb                   | er 16 State wages, tips, etc.       | 17 State incon  | ne tax                  | 18 Local wages, tips, etc.                                      | 19 Local income tax            | 20 Locality name |
|   |                                     |   |                         |   |                                |                  |

| <sub>Form</sub> <b>W-2</b> Wa | e and Tax Statement |
|-------------------------------|---------------------|
|-------------------------------|---------------------|

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

5055

 ${\bf Department\ of\ the\ Treasury-Internal\ Revenue\ Service}$ 

Safe, accurate, FAST! Use



|   | a Employee's social security number | OMB No. 154    | - 0000  | This information is being furning are required to file a tax return may be imposed on you if this | n, a negligence penalty or     | other sanction   |
|---|-------------------------------------|----------------|---|---|--------------------------------|------------------|
| <b>b</b> Employer identification number (EIN)       |                                     |                | 1 Wag   | ges, 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        |                  |
|   |                                     |                | <b>7</b> Soc                                      | cial 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  | 11 Nonqualified plans 22a See instructions for bo |   | s for box 12                   |                  |
|   |                                     |                | 13 Statu  | utory Retirement Third-party<br>loyee plan sick pay   | 12b                            |                  |
|   |                                     |                | 14 Other  |   | 12c                            |                  |
|   |                                     |                |   |   | 12d<br>C<br>G<br>d<br>e        |                  |
| f Employee's address and ZIP cod                    | le                                  |                |   |   |                                |                  |
| 15 State Employer's state ID numb                   | eer 16 State wages, tips, etc.      | 17 State incor | ne tax  | 18 Local wages, tips, etc.  | 19 Local income tax            | 20 Locality name |
|   |                                     |                |   |   |                                |                  |

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