

| | | | | | |
|---|----------------------------|-------------------------------------|--|----------------------------|---|
| VOID <input type="checkbox"/> | | a Employee's social security number | | OMB No. 1545-0008 | |
| 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 initial Last name Suff. | | | 11 Nonqualified plans | | 12a See instructions for box 12 |
| | | | 13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 12b |
| | | | 14 Other | | 12c |
| | | | | | 12d |
| f 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 D—For Employer

2021

Department of the Treasury—Internal Revenue Service

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

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