Description of the composition	Form W=2 Wage and Tax State Copy D—For Employer	ement	208	21	•	of the Treasury—Internal R Privacy Act and Paperw Act Notice, see separat	ork Reduction	
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 plan sick pay employee pla	15 State Employer's state ID number 16	State wages, tips, etc.	17 State incom	ie tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
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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	d Control number			9		10 Dependent care benefits		
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VOID OMB No. 1545-0008 b Employer identification number (EIN) 1 Wages, tips, other compensation 2 Federal income tax withheld				5 Medicare wages and tips		6 Medicare tax withheld		
VOID U OMB No. 1545-0008	c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld		
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b Employer identification number (EIN)			1 Wages, tips, other compensation 2 Federal income tax withheld					
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			5 Med	dicare wages and tips	6 Medicare tax withheld			
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e Employee's first name and initial Last name Suff.		11 Nonqualified plans 12a		C				
			13 Statutory employee Petirement sick pay 14 Other		12b			
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f Employee's address and ZIP code								
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