	a Employee's social security number					
55555	a Employee's social security humber	OMB No. 154	45-0008			
b Employer identification number (EIN)			1 Wag	ges, tips, other compensation	2 Federal income tax withheld	
c Employer's name, address, and ZIP code			<b>3</b> Soc	cial security wages	4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 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.			11 Nonqualified plans 12a		C	
			13 State emp	13 Statutory employee Plan Sick pay C C C C C C C C C C C C C C C C C C C		
			14 Other		12c	
					<b>12d</b> C G G G	
f Employee's address and ZIP cod	de					
15 State Employer's state ID numb	per 16 State wages, tips, etc.	17 State incom	e tax		19 Local income tax	20 Locality name
		+		+	+	
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Form **W-2** Wage and Tax Statement

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Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

55555	a Employee's social security number	014011 45					
		OMB No. 154		45-0008			
<b>b</b> Employer identification number (EIN)			<b>1</b> Waq	ges, tips, other compensation	2 Federal income tax withheld		
c Employer's name, address, and ZIP code			<b>3</b> Soc	cial security wages	4 Social security tax withheld		
			<b>5</b> Me	edicare 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> No	11 Nonqualified plans 12a				
			13 State emp	utory Retirement Third-party plan sick pay	12b		
			14 Other 120 C C C C C C C C C C C C C C C C C C C		12c		
					12d		
f Employee's address and ZIP code					_		
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		

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



Department of the Treasury-Internal Revenue Service