a Emplo	yee's social security number	OMB No. 154	5-0008	Safe, accurate, FAST! Use	Visit the IRS website at www.irs.gov/efile
b Employer identification number (EIN)			1 Wa	ges, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code			3 So	cial security wages	4 Social security tax withheld
			5 Me	dicare wages and tips	6 Medicare tax withheld
			7 So	cial security tips	8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial Last name Suff.				nqualified plans	12a See instructions for box 12
			13 Stat	utory Retirement Third-party plan sick pay	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 incor	ne tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality nam

Wage and Tax Statement

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Department of the Treasury-Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.