	a Employee's social security number						
		OMB No. 154	545-0008				
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 Soc	cial security tips	8 Alloca	ated tips	
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff.				11 Nonqualified plans 12a			
			13 Statu	utory Retirement Third-party loyee 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 incom	ne tax	18 Local wages, tips, etc.	19 Local inc	come tax 20 Locality name	
1	I	1		1		1	

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

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Department of the Treasury-Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

	a Employee's social security number					
		OMB No. 154	545-0008			
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 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.			Nonqualified plans 12a			
			13 State emp	utory Retirement Third-party loyee plan sick pay	12b	
			14 Other		12c	
					12d	
f Employee's address and ZIP code						
15 State Employer's state ID numb	er 16 State wages, tips, etc.	17 State incor	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