	- F	I				
22222	a Employee's social security number	OMD No. 154	F 0000			
		OMB No. 154	OMB No. 1545-0008			
b Employer identification number (EIN)			1 Wag	ges, tips, other compensation	2 Federal income tax withheld	
c Employer's name, address, and ZIP code			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 ca		benefits
e Employee's first name and initial Last name Suff.		11 Nonqualified plans 12a		C .		
				utory Retirement Third-party loyee plan sick pay	7 12b C C d d e	
			14 Oth	er	12c	
					12d	
f Employee's address and ZIP cod	de					
15 State Employer's state ID numb	per 16 State wages, tips, etc.	17 State incom	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
<u> </u>				+		
W 0		70.	- ד	Denartment	of the Treasury—Interna	Revenue Service

Form **W-2** Wage and Tax Statement Copy 1—For State, City, or Local Tax Department

5057

Department of the Treasury—Internal Revenue Service

55555	a Employee's social security number							
		OMB No. 154	OMB No. 1545-0008					
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 Medicare 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.		11 No	Nonqualified plans 12a					
			13 Statutory employee Retirement plan Third-party sick pay					
			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 incom	ne tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name			

