22222 Void 🗌 a Er	mployee's social security number	For Official Use Only ► 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 Me	edicare 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	st name and initial Last name Suff		11 Nonqualified plans		12a See instructions for box 12	
				tutory Retirement Third-party ployee 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 inco		ne tax 18 Local wages, tips, etc.		19 Local income tax	20 Locality name

W**-2** Wage and Tax Statement

5016

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see the separate instructions.

Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

Cat. No. 10134D

Do Not Cut, Fold, or Staple Forms on This Page