	a Employee's social security number	OMB No. 1545	Th are 5-0008 ma	nis information is being furr e required to file a tax retu ay be imposed on you if th	nished to the Internal Reve rn, a negligence penalty of is income is taxable and y	nue Service. If you other sanction ou fail to report it.		
b Employer identification number (EIN)			1 Wages	s, tips, other compensation	2 Federal income	tax withheld		
c Employer's name, address, and ZIP code			3 Social	I security wages	4 Social security tax withheld			
			5 Medic	care wages and tips	6 Medicare tax w	ithheld		
			7 Social	I security tips	8 Allocated tips			
d Control number			9		10 Dependent car	e benefits		
e Employee's first name and initial Last name Suff.			11 Nonq	ualified plans	12a See instruction	12a See instructions for box 12		
			13 Statutor employe	ry Retirement Third-part ee plan sick pay	y 12b			
		14 Other		12c				
					12d			
f Employee's address and ZIP coo	le							
15 State Employer's state ID numb	er 16 State wages, tips, etc.	17 State incom	ne tax 1	8 Local wages, tips, etc	. 19 Local income tax	20 Locality name		

_{-orm} **W-2** Wage and Tax Statement

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

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Department of the Treasury-Internal Revenue Service

Safe, accurate, FAST! Use



	a Employee's social security number	OMB No. 154		are required to file a tax return	shed to the Internal Revenue Service. If you a, a negligence penalty or other sanction income is taxable and you fail to report it.	
b Employer identification number (EIN)			1 Waq	ges, tips, other compensation	2 Federal income tax withheld	
c Employer's name, address, and ZIP code			3 Soc	cial security wages	4 Social security tax withheld	
			5 Me	dicare 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 No	11 Nonqualified plans 12a See instructions for box 12		
			13 Statu	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.	os, etc. 17 State income		18 Local wages, tips, etc.	19 Local income tax 20 Locality name	

_{form} **W-2** Wage and Tax Statement

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