

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
|  |  | <b>a</b> Employee's social security number |  | OMB No. 1545-0008   |  | This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. |  |
| <b>b</b> Employer identification number (EIN)                        |  |  |  | <b>1</b> Wages, tips, other compensation  |  | <b>2</b> Federal income tax withheld   |  |
| <b>c</b> Employer's name, address, and ZIP code                      |  |  |  | <b>3</b> Social security wages  |  | <b>4</b> Social security tax withheld  |  |
|  |  |  |  | <b>5</b> Medicare wages and tips  |  | <b>6</b> Medicare tax withheld   |  |
|  |  |  |  | <b>7</b> Social security tips   |  | <b>8</b> Allocated tips  |  |
| <b>d</b> Control number  |  |  |  | <b>9</b>  |  | <b>10</b> Dependent care benefits  |  |
| <b>e</b> Employee's first name and initial      Last name      Suff. |  |  |  | <b>11</b> Nonqualified plans  |  | <b>12a</b> See instructions for box 12   |  |
|  |  |  |  | <b>13</b> Statutory employee      Retirement plan      Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | <b>12b</b>   |  |
|  |  |  |  | <b>14</b> Other   |  | <b>12c</b>   |  |
|  |  |  |  |   |  | <b>12d</b>   |  |
| <b>f</b> Employee's address and ZIP code                             |  |  |  |   |  |  |  |
| <b>15</b> State      Employer's state ID number                      |  | <b>16</b> State wages, tips, etc.          |  | <b>17</b> State income tax  |  | <b>18</b> Local wages, tips, etc.  |  |
|  |  |  |  |   |  | <b>19</b> Local income tax   |  |
|  |  |  |  |   |  | <b>20</b> Locality name  |  |

**Form W-2 Wage and Tax Statement**  
**Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)**

**2019**

Department of the Treasury—Internal Revenue Service

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