55555	a Employee's social security number	OMB No. 154	45-0008				
b Employer identification number (EIN)				ges, tips, other compensation	2 Federal income tax withheld		
c Employer's name, address, and ZIP code				cial security wages	4 Social security tax withheld		
			5 Me	dicare wages and tips	6 Med	icare tax with	hheld
			7 Soc	cial security tips	8 Alloc	cated tips	
d Control number			9		10 Dep	endent care	benefits
e Employee's first name and initia	l Last name	Suff.	13 Statu	nqualified plans utory Retirement Third-party loyee plan sick pay	12a C 0 d e 12b		
			14 Oth	er	12c		
f Employee's address and ZIP cod	de				12d		
15 State Employer's state ID nun	nber 16 State wages, tips, etc.	. 17 State incom	e tax	18 Local wages, tips, etc.	19 Local in	come tax	20 Locality name
W-2 Wage an Stateme	d Tax –	2015		Department o	of the Treasu	ıry-Internal	 Revenue Service

Copy 1—For State, City, or Local Tax Department

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22	555	a Employee's social security number	OMB No. 154	1545-0008			
b Employer identification number (EIN)			1 Wa	ages, tips, other compensation	2 Federal income tax withheld		
c Employer's name, address, and ZIP code			3 Sc	ocial security wages	4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
				7 Sc	ocial security tips	8 Allocated tips	
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff.				onqualified plans	12a C		
				ployee plan sick pay	12b		
			14 Oth	her	12c		
						12d C C C C C C C C C C C C C C C C C C C	
f Employee's address and ZIP code							
15 State Emplo	oyer's state ID num	16 State wages, tips, etc	t. 17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name	