| - | a Employee's social security number | r | | This information is being furn | ished to the Internal Rever | ue Service If you | |
|--|-------------------------------------|--|---|--------------------------------|---------------------------------|-------------------|--|
| | a Employee 3 Social Security number | 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 Employer identification number (EIN) | | | Wages, 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 Verification code | | 10 Dependent care benefits | | |
| e Employee's first name and initial Last name Suff. | | | 11 Nonqualified plans 13 Statutory Retirement Third-party employee plan Sick pay | | 12a See instructions for box 12 | | |
| | | | 14 Other | | 12c | | |
| f Employee's address and ZIP cod | e | | | | 12d | | |
| 15 State Employer's state ID num | ber 16 State wages, tips, etc. | 17 State incom | e tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | |
| | - | | | , | | | |
| W-2 Wage and Tax Statement Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) Department of the Treasury-Internal Revenue Service Safe, accurate, FAST! Use | | | | | | | |

| | a 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 Employer identification number (EIN) | | | 1 Wag | ges, tips, other compensation | 2 Federal income tax withheld | |
| c Employer's name, address, and ZIP code | | | 3 Soc | 3 Social security wages 4 Social security tax | | |
| | | | 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| | | | 7 Soc | cial security tips | 8 Allocated tips | |
| d Control number | | | 9 Ver | 9 Verification code 10 Dependent care bene | | |
| e Employee's first name and initial Last name Suff. | | COO | | 12a See instructions for box 12 | | |
| | | | | oyee plan sick pay | 12b | |
| | | | 14 Other | | 12c | |
| | | | | | 12d | |
| f Employee's address and ZIP code | | | 5 | | | |
| 15 State Employer's state ID num | ber 16 State wages, tips, etc. | 17 State incon | ne tax | 18 Local wages, tips, etc. | 19 Local income tax 20 Locality name | |
| | | | | | | |

