VOID a Employ	yee's social security number	OMB No. 154	5 0008			
b Employer identification number (EIN)				ges, 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 Me	dicare wages and tips	6 Medicare tax wit	hheld
			7 Soc	cial security tips	8 Allocated tips	
d Control number			9		10 Dependent care	benefits
e Employee's first name and initial Las	Suff.	11 Nonqualified plans		12a See instructions for box 12		
			13 Statu	itory Retirement Third-party oyee plan sick pay		
			14 Oth	er	12c	
					12d	
f Employee's address and ZIP code					е	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Wage and Tay S	totomont	202	ככ	Department of	of the Treasury-Internal	Revenue Servic
Form W-2 Wage and Tax Statement Copy D-For Employer				For Privacy Act and Paperwork Reduction Act Notice, see separate instruction		

VOID 🗆	a Employee's social security number					,	
		45-0008					
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	cial security wages	4 Social security tax withheld		
			5 Me	dicare wages and tips	6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9	9 10 Dep		pendent care benefits	
e Employee's first name and initial Last name Suff.			11 No	nqualified plans	12a See instructions for box 12		
			13 Statutory employee Patiement Sick pary plan Sick pay 14 Other		12b		
					12c		
					12d C S S d		
f Employee's address and ZIP code							
15 State Employer's state ID numb	er 16 State wages, tips, etc.	17 State incom	ne tax	18 Local wages, tips, etc.	19 Local income ta	20 Locality name	