	a Employee's social security number					,	
	a Employee e coolai cocarty riamber	OMB No. 1545	5-0008				
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 Med	dicare wages and tips	6 Medica	are tax withheld	
			7 Soc	ial security tips	8 Allocat	ed tips	
d Control number			9	10 Dependent care benefits		dent care benefits	
e Employee's first name and initial	Last name	Suff.	11 Nor	qualified plans	12a		
			13 Statu	tory Retirement Third-party byee plan sick pay	12b		
			14 Othe	er	12c		
					12d		
f Employee's address and ZIP cod	е				3		
15 State Employer's state ID numb	er 16 State wages, tips, etc.	17 State incom	e tax	18 Local wages, tips, etc.	19 Local inco	ome tax 20 Locality name	

Form **W-2** Wage and Tax Statement

5055

Department of the Treasury-Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return $\begin{tabular}{ll} \hline \end{tabular}$

	a Employee's social security number					
		OMB No. 154	3 No. 1545-0008			
b Employer identification number (EIN)			1 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		10 Dependent care benefits	
e Employee's first name and initial Last name Suff.		11 No	Nonqualified plans 12a			
			13 State emp	utory Retirement Third-party plan sick pay	12b	
			14 Other		12c	
					12d	
f Employee's address and ZIP code						
15 State Employer's state ID numb	eer 16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name	

Form **W-2** Wage and Tax Statement

