	a Employee's social security number									
	···p···,···	OMB No. 154	5-0008							
b Employer identification number (EIN)			1 Waq	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 Medic	care tax withheld				
			7 Soc	cial security tips	8 Alloca	ted tips				
d Control number			9	10 Dependent care benefit						
e Employee's first name and initial Last name Suff.				11 Nonqualified plans 12a						
			13 State		12b					
			14 Oth	er	12c					
					12d					
f Employee's address and ZIP code										
15 State Employer's state ID number	er 16 State wages, tips, etc	. 17 State incon	ne tax	18 Local wages, tips, etc.	19 Local inc	ome tax 20 Locality nan				
W_2 Wage and Tax Department of the Treasury—Internal Revenue Service										

Form WW - Statement

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Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

	a Employee's social security number						,		
	a zimpioyee e eestan eestaniy mambo.	OMB No. 1545	45-0008						
b Employer identification number (EIN)			1 Wag	es, tips, other compensation	2 Federal income tax withheld				
c Employer's name, address, and ZIP code			3 Soc	ial security wages	4 Social security tax withheld				
			5 Med	dicare wages and tips	6 Medicare tax withheld				
			7 Soc	ial security tips	8 Allocated tips				
d Control number			9		10 Dependent care benefits				
e Employee's first name and initial Last name Suff.				1 Nonqualified plans 12a					
			13 Statu	oyee plan sick pay	12b C O d e				
			14 Oth	er	12c				
					12d C O O O O O O O O O O O O O O O O O O				
f Employee's address and ZIP code									
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 inc	ome tax	20 Locality name		

Wage and Tax Statement

