a Employe	e's social security number	OMB No. 1545	5-0008	Safe, accurate, FAST! Use		t the IRS website at w.irs.gov/efile
b Employer identification number (EIN)			1 W	ages, tips, other compensation	2 Federal incor	ne tax withheld
c Employer's name, address, and ZIP code			3 Sc	ocial security wages	4 Social security tax withheld	
			5 M	edicare wages and tips	6 Medicare tax	withheld
			7 Sc	ocial security tips	8 Allocated tips	3
d Control number			9		10 Dependent c	are benefits
e Employee's first name and initial Last	name	Suff.	13 Sta	onqualified plans itutory Retirement Third-party ployee plan sick pay her	12a See instructi	ions for box 12
f Employee's address and ZIP code					12d C C d d d d	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State incom	ie tax	18 Local wages, tips, etc.	19 Local income ta	x 20 Locality name
W-2 Wage and Tax St	atement	בח ל	ך כ	Department o	of the Treasury—Inter	nal Revenue Service

Copy B-To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

	a Employee's social security number	OMB No. 154		Safe, accurate, FAST! Use	Visit the IRS website at www.irs.gov/efile	
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 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	9 10 Dependent care benefits		
e Employee's first name and initial Last name Suff.				11 Nonqualified plans 12a See instructions for box		
			13 Statu	utory Retirement Third-party loyee plan sick pay	12b	
			14 Other		12c	
					12d	
f Employee's address and ZIP code						
15 State Employer's state ID numb	er 16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name	

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

