55555	a Employee's social security number							,
	577-22-3048	OMB No. 1545-0008						
b Employer identification number (EIN)			1 Wages, tips, other compensation			2 Federal income tax withheld		
14-023285			123456789.99			123456789.99		
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld		
Long Lengthy Name The Corporation			123456789.99			123456789.99		
56334 Full Sized Avenue Unit 1234			5 Medicare wages and tips			6 Medicare tax withheld		
Minneapolis, Minnesota 55411-1234			123456789.99			123456789.99		
			7 Social security tips			8 Allocated tips		
			123456789.99			123456789.99		
d Control number			9			10 Dependent care benefits		
123456 A78						123456789.99		
e Employee's first name and initial Last name Suff.			11 Nonqualified plans		12a			
Michael Robert David Smithson III			123456789.99		d A	A 123456789.99		
56334 Full Sized Avenue Unit 1234			13 Statu	utory Retirement loyee <u>plan</u>	Third-party sick pay	12b		
Minneapolis, Minnesota 55411-1234			X X X		X	å D	123456789.99	
			14 Other			12c		
			AAA BBB CCCC 12345678.90		å DD	123456789.99		
			AAA BBB CCCC 12345678.90			12d		
						å AA	AA 123456789.99	
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	
MN 123456789	123456789.99	1234567	789.99	89.99 123456789.99		123456789.99 ABCDE		ABCDEFGF

Form W-2 Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department



Department of the Treasury-Internal Revenue Service