	55555	a Employee's social security number						
		847-28-3948	OMB No. 1545-0008					
b Employer identification number (EIN)				1 Wages, tips, other compensation 2 Fed			deral income tax withheld	
13-0871985				18000.00 1800.00				
c Employer's name, address, and ZIP code				3 Soc	3 Social security wages 4 Social security tax withheld			
ABC Corporation					18000.00			1132.20
563 Corporate Rd				5 Medicare wages and tips		6 Medicare tax withheld		
Minneapolis, MN 55434				18000.00		261.00		
				7 Soc	cial security tips	8 Allocated tips		
					400.00 400.00			400.00
d Control number				9		10 Dependent care benefits		
004D4320 W13								
e Employee's first name and initial Last name Suff.				11 No	nqualified plans	12a		
Roger P. Smith						å AA		256.00
4326 Lake Rd				13 State	utory Retirement Third-party loyee plan sick pay	12b		
Minneapolis, MN 55414				Х	<u> </u>	o d e		
				14 Oth	er	12c		
						o d e		
						12d		
						o d e		
f Employee's address and ZIP code								
15 State	Employer's state ID numb	per 16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local inc	come tax	20 Locality name
MN	2349384	18000.00	5	40.00				

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

Copy 1-For State, City, or Local Tax Department

5050

Department of the Treasury-Internal Revenue Service