22222	a Employee's social security number									
	577-22-3048	OMB No. 1545-0008								
<b>b</b> Employer identification number (EIN)			1 Wages, tips, other compensation				2 Federal income tax withheld			
14-023285					1	8000.00	1800.00			
c Employer's name, address, and ZIP code			<b>3</b> S	3 Social security wages				4 Social security tax withheld		
Test and Rest Inc.					1	7700.00	1113.33			
563 Stoney Brook Rd			5 Medicare wages and tips				6 Medicare tax withheld			
Minneapolis, MN 55411				18000.00				261.00		
·			7 Social security tips			8 Allocated tips				
				400.00			400.00			
d Control number			9				10 Dependent care benefits			
210220 A13									543.21	
e Employee's first name and initial Last name Suff.			<b>11</b> N	lonqualif	ied plans		12a			
Benjamin P. Charles						300.00	d A		256.00	
4326 Aldrich Rd			13 St en	tatutory mployee	Retirement plan	Third-party sick pay	12b			
Minneapolis, MN 55412			)	X	X	X	d D		20000.00	
				ther	ər		12c			
				Test form					532.00	
									425.00	
f Employee's address and ZIP code										
15 State Employer's state ID numb	16 State wages, tips, etc. 17 State incor		ne tax 18 Local wages, tips, etc.			19 Local income tax 20 Locality r		20 Locality name		
MN 795037	18000.00	12	60.00 17700.00		700.00		500.00	MPLS		

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



Department of the Treasury-Internal Revenue Service