			a Employee's social security number									
2222		OMB No. 154				15-0029						
b Employer identification number (EIN)					1	1 Wages, tips, other compensation			2 Federal income tax withheld			
c Employer's name, address, and ZIP code					3	3 Social security wages			4 Social security tax withheld			
					5	5 Medicare wages and tips			6 Medicare tax withheld			
						7 Social security tips			8 Allocated tips			
d Control number						9			10 Dependent care benefits			
12345678									2000.00			
e Employee's first name and initial Last name Developer				Suff.	11	Non	qualified plans		12a C od e			
						Statut		Third-party sick pay	12b Code			
						14 Other GTL: \$240.00			12c Code			
									12d C od e			
f Employee's address and ZIP code												
State Employer's state ID number		16 State wages, tips, etc. 17 State incom 6800.00		ne tax	ne tax 18 Local wages, tips, etc. 85000.00		8	19 Local income tax 2550.00		20 Locality name SAN FRANCISC		

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



Department of the Treasury—Internal Revenue Service