7777		a Employee's social security number									
22222			OMB No. 1545-00				5-0008				
b Employer identification number (EIN)				1 Wages, tips, other compensation 2 Federal income tax withheld			ral income tax withheld				
c Employer's name, address, and ZIP code				3 Social security wages 4			4 Social security tax withheld				
				5 M	edicare wages and tips	6 Medicare tax withheld					
				7 Social security tips		8 Allocated tips					
d Control number				9 10 Dependent care benefits			endent care benefits				
e Employee's first name and initial Last name Suff.			11 Nonqualified plans C G G G G G G G G G G G G G G G G G G			1					
				13 Sta	atutory Retirement Third-party sick pay	12b C c d e					
				14 Other							
						12d					
f Employee's address and ZIP code											
15 State Employer's state I	D numb	eer 16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local ind	come tax 20 Locality nan				



Department of the Treasury-Internal Revenue Service

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

	a Employee's social security number	OMB No. 154	5-0008	Safe, accurate, FAST! Use		the IRS website at .irs.gov/efile.
b Employer identification number (EIN)				ges, tips, other compensation	2 Federal income	e tax withheld
c Employer's name, address, and ZIP code			3 Social security wages 4 Social secur		4 Social security	tax withheld
			5 Me	dicare wages and tips	6 Medicare tax w	vithheld
			7 Soc	cial security tips	8 Allocated tips	
d Control number			9		10 Dependent car	e benefits
e Employee's first name and initia	l Last name	Suff.	11 No	nqualified plans	12a See instruction	s for box 12
			13 Statu	utory Retirement Third-party loyee plan sick pay	12b	
			14 Oth	er	12c	
					12d	
f Employee's address and ZIP cod	de					
15 State Employer's state ID numb	per 16 State wages, tips, etc.	17 State incom	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name



Department of the Treasury-Internal 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 nun	OMB No. 15	45-0008	This information is being furni are required to file a tax return may be imposed on you if this	shed to the Internal Revenue Ser , a negligence penalty or other s income is taxable and you fail to	vice. If you anction report it.
b Employer identification number (EIN)				1 Wa	1 Wages, tips, other compensation 2 Federal income tax withhe		
c Employer's name, address, and ZIP code				3 So	cial security wages	4 Social security tax withheld	
				5 Me	dicare wages and tips	6 Medicare tax withheld	
				7 So	cial security tips	8 Allocated tips	
d Control number				9	10 Dependent care benefits		
e Empl	loyee's first name and initial	Last name	Suff		nqualified plans	12a See instructions for bo	x 12
			13 Stat emp	utory Retirement Third-party sloyee plan sick pay	12b		
				14 Oth	er	12c	
						12d C 0 0	
f Emplo	oyee's address and ZIP cod	le					
15 State	Employer's state ID numb	er 16 State wages, tips	s, etc. 17 State inco	me tax	18 Local wages, tips, etc.	19 Local income tax 20 L	ocality name

Copy C—For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.)



Department of the Treasury-Internal Revenue Service

Safe, accurate, FAST! Use



	a Employe	e's social security number						
	OMB No. 154			i45-0008				
b Employer identification number (EIN)				1 Wag	Wages, tips, other compensation Pederal income tax withhele			
c Employer's name, address, and ZIP code				3 Soc	cial security wages	4 Social security tax withheld		
				5 Me	dicare wages and tips	6 Medicare tax withheld		
				7 Soc	cial security tips	8 Allocated tips		
d Control number				9		10 Dependent care benefits		
e Employee's first name and i	nitial Last	name	Suff.	11 No	nqualified plans	12a		
				13 State emp	utory Retirement Third-party loyee plan sick pay	12b		
				14 Other 12c		12c		
						12d		
f Employee's address and ZIP code								
15 State Employer's state ID r	umber	16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name		



Department of the Treasury-Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return