

22222		Void <input type="checkbox"/>		a Employee's social security number		For Official Use Only ► OMB No. 1545-0008							
b Employer identification number (EIN)					1 Wages, tips, other compensation		2 Federal income tax withheld						
c Employer's name, address, and ZIP code					3 Social security wages		4 Social security tax withheld						
					5 Medicare wages and tips		6 Medicare tax withheld						
					7 Social security tips		8 Allocated tips						
d Control number					9		10 Dependent care benefits f						
e Employee's first name and initial			Last name		Suff.	11 Nonqualified plans		12a See instructions for box 12 C o o l l e					
f Employee's address and ZIP code					13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o l l e						
					14 Other		12c C o o l l e						
							12d C o o l l e						
15 State		Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	