

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		

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