**DO NOT STAPLE**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 33333 | | **a** Control number  [ACN] | | **For Official Use Only:**  **OMB No. 1545-0008** | | | | | |
| **b** 941 Military 943 944  **Kind of Payer**  (Check one) CT-1 Hshld. Medicare emp. govt. emp. | | | | | None apply 501c non-govt.  **Kind of Employer**  (Check one) State/local  non-501c State/local 501c Federal govt. | | | | Third-party sick pay  (Check if applicable) |
| **c** Total number of Forms W-2  [FORM] | | | **d** Establishment number  [account] | | **1** Wages, tips, other compensation  [od] | | **2** Federal income tax withheld  [q-div] | | |
| **e** Employer identification number (EIN)  [TIN\_recipient] | | | | | **3** Social security wages  [t-cap] | | **4** Social security tax withheld  [unr] | | |
| **f** Employer’s name  [name] | | | | | **5** Medicare wages and tips  [sec-12] | | **6** Medicare tax withheld  [Coll] | | |
| [Address]  [city2], [state2], [country2] and [zip2]  **g** Employer’s address and ZIP code | | | | | **7** Social security tips  [sec-897] | | **8** Allocated tips  [sec-897-gain] | | |
| **9** |  | **10** Dependent care benefits  [N-dis] | | |
|  | |
| **11** Nonqualified plans  [fed-in] | | **12a** Deferred compensation  [Sec-199] | | |
| **h** Other EIN used this year  [TIN\_payer] | | | | | **13** For third-party sick pay use only  [inves] | | **12b** |  | |
|  | | |
| **15** State Employer’s state ID number | | | | | **14** Income tax withheld by payer of third-party sick pay  [For-tax] | | | | |
| [state3] | [s-no] | | | |
| **16** State wages, tips, etc.  [exem-div] | | | **17** State income tax  [n-cash] | | **18** Local wages, tips, etc.  [cash-dis] | | **19** Local income tax  [spec] | | |
| Employer’s contact person  [payer\_name] | | | | | Employer’s telephone number  [telephone] | | For Official Use Only | | |
| Employer’s fax number  [FAX] | | | | | Employer’s email address  [EMAIL] | | | | |