22222 VOID 🗌 a	Employee's social security number	For Official Use Only OMB No. 1545-0008					
b Employer identification number (EIN)		1 Wa	1 Wages, tips, other compensation 2 Federal income tax withheld				
c Employer's name, address, and ZIP of	code	3 So	3 Social security wages 4 Social security tax withh		hheld		
		5 Me	5 Medicare wages and tips 6 Medicare tax withhel				
		7 So	7 Social security tips 8 Allocated tips				
d Control number				9 10 Dependent care benefit		fits	
e Employee's first name and initial Last name Suff.			f. 11 No	11 Nonqualified plans 12a See instructions for box		ox 12	
			13 Stat emp	utory Retirement Third-party sloyee plan sick pay	12b		
			14 Oth	er	12c		
					12d		
f Employee's address and ZIP code							
15 State Employer's state ID number	16 State wages, tips, etc.	17 State inc	ome tax	18 Local wages, tips, etc.	19 Local income tax 20	Locality name	



Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see the separate instructions.

Copy A—For Social Security Administration. Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

Cat. No. 10134D

Do Not Cut, Fold, or Staple Forms on This Page

7777		a Employee's social security number					
25255			OMB No. 154	15-0008			
b Employer identification number (EIN)			1 Wages, tips, other compensation 2 Federal income			ral income tax withheld	
c Employer's name, address, and ZIP code			3 Social security wages		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	9 10 Dependent care benefits			
e Employee's first name and initial Last name Suff.		11 N	onqualified plans	12a	1		
				13 Sta	atutory Retirement Third-party sick pay	12b C c d e	
				14 Ot	her	12c	
						12d	
f Employee's address and	ZIP cod	le					
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	15-0008	Safe, accurate, FAST! Use		he IRS website at irs.gov/efile.	
b Employer identification number (EIN)			1 Waq	ges, tips, other compensation	2 Federal income	tax withheld	
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security	4 Social security tax withheld	
			5 Me	dicare wages and tips	6 Medicare tax w	ithheld	
			7 Soc	cial security tips	8 Allocated tips		
d Control number			9		10 Dependent care	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 State	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		This information is being furnished to the Internal Revenue Service. If are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report				
b Employer identification number (EIN)			1 Wa	ges, tips, other compensation	2 Federal income tax with	hheld		
c Employer's name, address, and ZIP code			3 So	cial security wages	4 Social security tax with	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	9 10 Dependent care benefi		its		
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	15-0008		
b Employer identification number (EIN)			Wages, tips, other compensation Federal income tax wit			
c Employer's name, address, and ZIP code			3 Social security wages 4 Social se		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 Oth	er	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

	VOID	a Employee's social security number	OMB No. 154	5-0008			
b Employer identification number (EIN)			1 Wages, tips, other compensation 2 Federal income t			ax withheld	
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld		
				5 Me	dicare wages and tips	6 Medicare tax wit	hheld
			7 So	cial security tips	8 Allocated tips		
d Cont	rol number			9		10 Dependent care	benefits
e Emp	loyee's first name and initial	Last name	Suff.	11 No	nqualified plans	12a See instructions	for box 12
				13 Statement	utory Retirement Third-party sloyee plan sick pay	12b	
				14 Oth	er	12c	
						12d	
f Empl	oyee's address and ZIP cod	de					
15 State	Employer's state ID numb	ner 16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
			+				<u> </u>

Form W-2 Wage and Tax Statement
Copy D-For Employer



Department of the Treasury-Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.