VOID		a Employee's social security number		OMB No. 15/	OMB No. 1545-0008						
CIVID IVO. 154						10 0000					
b Employer identification number (EIN)					1 Wa	Wages, tips, other compensation 2 Federal income tax withheld					
c Employer's name, address, and ZIP code					3 Sc	ocial security wages	4 Social security tax withheld				
					5 Me	5 Medicare wages and tips			6 Medicare tax withheld		
						cial security tips		8 Allocated tips			
d Control number								10 Dependent care benefits			
e Employee's first name and initial Last name Suff.					11 No	onqualified plans		12a See instructions for box 12			
					13 Statutory Retirement Third-party sick pay			12b			
					14 Other			12c			
									12d		
f Employee's address and ZIP code							Ī				
15 State	Employer's state ID numb	per	16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips,	etc. 19	9 Local inco	ome tax	20 Locality name	

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



Department of the Treasury-Internal Revenue Service

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