	a Employee's social security number OMB No. 15					This information is being furnished to the Internal Revenue Service. If you 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 it.				
b Employer identification number (EIN)					1 Wages, tips, other compensation 2 Federal income tax withheld					
c Employer's name, address, and ZIP code					3 Sc	cial security wages	4 Social	4 Social security tax withheld		
					5 M	edicare wages and tips	6 Medicare tax withheld			
					7 Sc	cial security tips	8 Allocated tips			
d Control number					9		10 Dependent care benefits			
e Employee's first name and initial Last name Suff.					11 No	Nonqualified plans 12a See instructions for box 12				
					13 Sta	13 Statutory employee plan Third-party sick pay				
					14 Other		12c			
							12d			
f Employee's address and ZIP code										
15 State	Employer's state ID numb	er	16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local inco	ome tax	20 Locality name	

Form **W-2** Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

Safe, accurate, FAST! Use



Copy C—For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.)