22222 VOID 🗌 a Er	mployee's social security number	For Official Use Only OMB No. 1545-0008				
<b>b</b> Employer identification number (EIN)			1 Wag	Wages, tips, other compensation 2 Federal incom		vithheld
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	
				cial security tips	8 Allocated tips	
d Control number			9	10 Dependent care benefits		
e Employee's first name and initial Last name Suff.			<b>11</b> No	11 Nonqualified plans 12a See instructions for box 12		
			13 Statutory employee Petirement Third-party sick pay		12b	
			14 Other		12c	
					12d	
f Employee's address and ZIP code						
15 State Employer's state ID number	16 State wages, tips, etc.	c. 17 State income		18 Local wages, tips, etc.	19 Local income tax 20 Locality name	

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



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.

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