	a Employee's social security number	1		Onto an assumption	Visit the IRS website	
	1 ' '	OMB No. 154	5_0020	Safe, accurate, FAST! Use	Visit the IRS website www.irs.gov/efile.	at
	172-999-020	OND NO. 134				_
<b>b</b> Employer identification number (EIN)		<b>1</b> Wa	ges, tips, other compensation	2 Federal income tax withheld		
19-1231201				\$6900	\$120	)0
c Employer's name, address, and ZIP code			<b>3</b> So	cial security wages	4 Social security tax withheld	
			<b>5</b> Me	dicare wages and tips	6 Medicare tax withheld	
			<b>7</b> So	Social 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	nqualified plans	12a See instructions for box 12		
			13 Stat emp	utory Retirement Third-party plan sick pay	12b	
			14 Other		12c	
					12d	
f Employee's address and ZIP code						
15 State Employer's state ID nur	nber 16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality nar	me
				T		

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



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.