

a Employee's social security number		b Employer identification number		Copy B To Be Filed With Employee's FEDERAL Tax Return		OMB No. 1545-0008					
c Employer's name, address, and ZIP code STATE OF MARYLAND CENTRAL PAYROLL BUREAU P.O. BOX 2396 ANNAPOLIS, MD 21404-2396 S.S.# 69-0520001L						1 Wages, tips, other compensation		2 Federal income tax withheld			
				3 Social security wages 1500		4 Social security tax withheld 100					
				5 Medicare wages and tips 2000		6 Medicare tax withheld 150					
				7 Social security tips		8 Allocated tips		9			
				d Control number		10 Dependent care benefits		11 Nonqualified plans		12a Code See Inst. for box 12	
e Employee's first name and initial, last name and suffix f Employee's address and ZIP code				12b Code		12c Code		12d Code			
				13		14 Other					
				Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>							
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	
						1200		47.88			

Form W-2 Wage and Tax Statement

This information is being furnished to the Internal Revenue Service.

REISSUED STATEMENT

Department of the Treasury – Internal Revenue Service