		1					
a Employ	ee's social security number			Safe, accurate,	r file	Visit the IRS website at	
	172-999-040	OMB No. 154	5-0029	FAST! Use	www.irs.gov/efile.		
b Employer identification number (EIN)			1 Wa	ages, tips, other compensation	2 Federa	al income tax withheld	
19-1231201				\$9900 \$1200			
c Employer's name, address, and ZIP code			<b>3</b> Sc	3 Social security wages 4 Social security tax withheld			
			5 Medicare wages and tips		6 Medicare tax withheld		
			<b>7</b> Sc	ocial security tips	8 Alloca	ted tips	
d Control number			9		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 employee Petirement sick pay  14 Other		<b>12b</b> C od e		
					12c		
					12d		
f Employee's address and ZIP code							
15 State Employer's state ID number	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

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.