

<b>a</b> Employee's social security number		<b>b</b> Employer identification number		<b>Copy B To Be Filed With Employee's FEDERAL Tax Return</b>			OMB No. 1545-0008				
<b>c</b> Employer's name, address, and ZIP code  <b>STATE OF MARYLAND</b> <b>CENTRAL PAYROLL BUREAU</b> <b>P.O. BOX 2396</b> <b>ANNAPOLIS, MD 21404-2396</b> <b>S.S.# 69-0520001L</b>							<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld		
				<b>3</b> Social security wages <b>1500</b>		<b>4</b> Social security tax withheld <b>100</b>					
				<b>5</b> Medicare wages and tips <b>2000</b>		<b>6</b> Medicare tax withheld <b>150</b>					
				<b>7</b> Social security tips <b>70</b>		<b>8</b> Allocated tips <b>50</b>		<b>9</b>			
				<b>d</b> Control number		<b>10</b> Dependent care benefits		<b>11</b> Nonqualified plans		<b>12a</b> Code See Inst. for box 12	
				<b>e</b> Employee's first name and initial, last name and suffix		<b>12b</b> Code		<b>12c</b> Code		<b>12d</b> Code	
<b>f</b> Employee's address and ZIP code		<b>13</b>  Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>14</b> Other							
<b>15</b> State Employer's state ID number		<b>16</b> State wages, tips, etc.		<b>17</b> State income tax		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax		<b>20</b> Locality name	
						<b>1200</b>		<b>47.88</b>			

**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