22222 VOID 🗌 a E	Employee's social security number	For Official Use Only OMB No. 1545-0029						
<b>b</b> Employer identification number (EIN)				1 Wag	ges, tips, other compensation	2 Federal income tax withheld		
c Employer's name, address, and ZIP code				<b>3</b> Soc	ial security wages	4 Social security tax withheld		
				5 Med	dicare wages and tips	6 Medicare tax withheld		
				7 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> Nor	nqualified plans	12a See instructions for box 12		
				13 Statu empl	tory Retirement Third-party oyee plan sick pay	<b>12b</b> C c d e		
				14 Other		12c		
						<b>12d</b> C O O O O O		
f Employee's address and ZIP code								
15 State Employer's state ID number	16 State wages, tips, etc.	. 17 State income		e tax	18 Local wages, tips, etc.	19 Local ind	come 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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