

1 Wages, tips, other comp. 3766.39		2 Federal income tax withheld 613.23	
3 Social security wages 3970.24		4 Social security tax withheld 246.15	
5 Medicare wages and tips 3970.24		6 Medicare tax withheld 57.57	
d Control number 0000027717 V70	Dept.	Corp. LJV0	Employer use only 1987
c Employer's name, address, and ZIP code MARSHFIELD CLINIC 1000 NORTH OAK AVE MARSHFIELD, WI 54449			
b Employer's FED ID number 39-0452970		a Employee's SSA number 727-25-5836	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a C 2.32	
14 Other		12b D 203.85	
		12c DD 624.42	
		12d	
		13 Stat emp.	Ret. plan X
		3rd party sick pay	
e/f Employee's name, address and ZIP code SHICHENG GUO 619 LAUREL CT 202 MARSHFIELD, WI 54449			
15 State WI	Employer's state ID no. 036 0000007056 04	16 State wages, tips, etc. 3766.39	
17 State income tax 205.24		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

City or Local Filing Copy
W-2 Wage and Tax Statement **2017**
 Copy 2 to be filed with employee's City or Local Income Tax Return.
 OMB No. 1545-0008