

|  |                            |  |   |                                   |                                       |
|--|----------------------------|--|---|-----------------------------------|---------------------------------------|
|  |                            | <b>a</b> Employee's social security number |   | OMB No. 1545-0008                 |                                       |
| <b>b</b> Employer identification number (EIN)                        |                            |  | <b>1</b> Wages, tips, other compensation  |                                   | <b>2</b> Federal income tax withheld  |
| <b>c</b> Employer's name, address, and ZIP code                      |                            |  | <b>3</b> Social security wages  |                                   | <b>4</b> Social security tax withheld |
|  |                            |  | <b>5</b> Medicare wages and tips  |                                   | <b>6</b> Medicare tax withheld        |
|  |                            |  | <b>7</b> Social security tips   |                                   | <b>8</b> Allocated tips               |
| <b>d</b> Control number  |                            |  | <b>9</b>  |                                   | <b>10</b> Dependent care benefits     |
| <b>e</b> Employee's first name and initial      Last name      Suff. |                            |  | <b>11</b> Nonqualified plans  |                                   | <b>12a</b><br>C<br>o<br>d<br>e        |
|  |                            |  | <b>13</b> Statutory employee      Retirement plan      Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                   | <b>12b</b><br>C<br>o<br>d<br>e        |
|  |                            |  | <b>14</b> Other   |                                   | <b>12c</b><br>C<br>o<br>d<br>e        |
|  |                            |  |   |                                   | <b>12d</b><br>C<br>o<br>d<br>e        |
| <b>f</b> Employee's address and ZIP code                             |                            |  |   |                                   |                                       |
| <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               |

Form **W-2** Wage and Tax Statement

2021

Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return