| a Employee's social security number 652-32-4376 | | OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. | | | | |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------|---------------------------------|--------------------------|
| b Employer identification number (EIN) | | | 1 \// | may be imposed on you if thi ages, tips, other compensation | Pederal income tax withheld | |
| 90-4456788 | | | 1 *** | 50,000.00 | 12,500.00 | |
| c Employer's name, address, and ZIP code | | | 3 Social security wages | | 4 Socia | al security tax withheld |
| C Employer's flame, address, and zir code | | | , , | | · | |
| Dunder Mifflin, Inc | | | 50,000.00 | | 3,000.00 | |
| 211 Vine Street | | | 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| | | | 50,000.00 | | 1,368.53 | |
| Scranton, PA 18503 | | | 7 Social security tips | | 8 Allocated tips | |
| | | | | | | |
| d Control number | | 9 Verification code | | 10 Dependent care benefits | | |
| | | | | | | |
| e Employee's first name and initial Last name S | | Suff. | 11 Nonqualified plans | | 12a See instructions for box 12 | |
| | | | | | o d | |
| | | | | tutory Retirement Third-party ployee plan sick pay | 12b | |
| Michael Scott | | | Ī | | Cod | 1 |
| 490 Farland Avenue | | | 14 Ot | | 12c | |
| Scranton, PA 18505 | | | | | C | I |
| ocianton, FA 10000 | | | | | 12d | |
| | | | | | C | I. |
| & Familians and AID and | | | | | e e | |
| f Employee's address and ZIP code | | | | T.,_ | | - Laa |
| 15 State Employer's state ID num | 5 State Employer's state ID number 16 State wages, tips, etc. 17 State incompared to the state wages, tips, etc. | | ne tax | 18 Local wages, tips, etc. | 19 Local inc | ome tax 20 Locality name |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Wage and Tax Statement

5078

Department of the Treasury-Internal Revenue Service

Safe, accurate, FAST! Use



Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)