Copy B-To Be Filed With Employee's FEDERAL Tax Return				OMB No. 1545-0008		
a Employee's soc. sec. no	-	ages, tips, ot	s, other comp. 2 Fe		ederal Income tax withheld	
	3 Social secur		rity wages 4 So		Social security tax withheld	
b Employer ID no. (EIN)	5 N	ledicare wage	ages and tips 6 M		Medicare tax withheld	
c Employer's name, addre	ss and	I ZIP code				
d Control number						
e Employee's name, addre	ss. ar	nd ZIP code				
,,	,					
7 Social security tips	8 Allocate		ted tips 9		Verification code	
10 Dependent care benefit	ent care benefits 11 Nonc		qualified plans 12a		Code See instr. for box 12	
13 Statutory employee	14 Other		1:		b Code	
Retirement plan				1	2c Code	
Retirement plan				L'	20 Code	
Third-party sick pay				1	2d Code	
15 State Employer's state I.D. no.			16 State wages, tips, etc.		. 17 State income tax	
18 Local wages, tips, etc.			19 Local income tax		20 Locality name	
orm W-2 Wage and Tax S his information is being fur	Staten	nent	al Davianua C		Dept. of the Treasury IRS	

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return				OMB No. 1545-0008		
a Employee's soc. sec. no.			2 Federal Income tax withheld			
	3 Social socu	rity wages	4 800	cial security tax withheld		
b Employer ID no. (EIN)	3 Social security wages 5 Medicare wages and tips		6 Medicare tax withheld			
c Employer's name, addres	s and ZIP code					
d Control number						
e Employee's name, addres	ss, and ZIP cod	e				
7 Social security tips 8 Alloc		ted tips 9		9 Verification code		
10 Dependent care benefits 11		lonqualified plans 12		a Code See instr. for box 12		
13 Statutory employee 14 Other		121		o Code		
13 Statutory employee 14 Other			12c Code			
Retirement plan						
Third-party sick pay		12d Code				
		Γ		I		
15 State Employer's State I.D. no. 18 Local wages, tips, etc.		16 State wages, tips, etc. 19 Local income tax		17 State income tax		
				20 Locality name		

Form W-2 Wage and Tax Statement Dept. of the Treasury -- IRS

		ECORDS		OMB No.		
(See Notice to Em				1545-0008		
a Employee's soc. sec. n	o. 1 Wages, t	1 Wages, tips, other comp. 3 Social security wages		Pederal Income tax withheld Social security tax withheld		
	3 Social se					
b Employer ID no. (EIN)		5 Medicare wages and tips		6 Medicare tax withheld		
	5 Medicare					
c Employer's name, addr	ess and ZIP co	ode				
d Control number						
e Employee's name, add	ress. and ZIP o	code				
o Employoo o mamo, aaa	. 555, a.i.a 2.i.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
7 Social security tips	8 Allo	cated tips	9 V	erification code		
		cated tips		/erification code a Code See instr. for box 12		
			128			
10 Dependent care bene 13 Statutory employee	fits 11 No		128	a Code See instr. for box 12		
7 Social security tips 10 Dependent care bene 13 Statutory employee Retirement plan	fits 11 No		128	a Code See instr. for box 12		
10 Dependent care bene 13 Statutory employee	fits 11 No		128	a Code See instr. for box 12		
10 Dependent care bene 13 Statutory employee Retirement plan	fits 11 No		128	a Code See instr. for box 12 b Code c Code		
10 Dependent care bene 13 Statutory employee Retirement plan	fits 11 No		128	a Code See instr. for box 12 b Code c Code		
10 Dependent care bene 13 Statutory employee Retirement plan Third-party sick pay	fits 11 No		12a	a Code See instr. for box 12 b Code c Code		
10 Dependent care bene 13 Statutory employee Retirement plan	fits 11 No	onqualified plans	12a	a Code See instr. for box 12 b Code c Code d Code		
10 Dependent care bene 13 Statutory employee Retirement plan Third-party sick pay	fits 11 No	onqualified plans 16 State wages, tips	12a	a Code See instr. for box 12 b Code c Code d Code		

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return				OMB No. 1545-0008		
a Employee's soc. sec. no		1 Wages, tips, other comp. 3 Social security wages		2 Federal Income tax withheld 4 Social security tax withheld		
	3 Social secur					
b Employer ID no. (EIN)	1					
	5 Medicare w	ages and tips	6 Me	dicare tax withheld		
c Employer's name, addre	ss and ZIP code					
d Control number						
e Employee's name, addre	ess, and ZIP cod	e				
7 Social security tips 8 Alloc		ated tips		9 Verification code		
		44.11				
10 Dependent care benefits 11 No		jualified plans 12a		a Code See instr. for box 12		
13 Statutory employee	14 Other	1		12b Code		
Retirement plan			12c Code			
Third-party sick pay			120	d Code		
rima party sion pay						
15 State Employer's State I.D. no.		16 State wages, tips, etc.		17 State income tax		
18 Local wages, tips, etc.		19 Local income tax		20 Locality name		