

Copy B-To Be Filed With Employee's FEDERAL Tax Return			OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal Income tax withheld	
	3 Social security wages	4 Social security tax withheld	
b Employer ID no. (EIN)	5 Medicare wages and tips	6 Medicare tax withheld	
c Employer's name, address and ZIP code			
d Control number			
e Employee's name, address, and ZIP code			
7 Social security tips		8 Allocated tips	9 Verification code
10 Dependent care benefits		11 Nonqualified plans	12a Code See instr. for box 12
13 Statutory employee	14 Other		12b Code
Retirement plan			12c Code
Third-party sick pay			12d 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

Form W-2 Wage and Tax Statement Dept. of the Treasury -- IRS
This information is being furnished to the Internal Revenue Service.

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.	2 Federal Income tax withheld	
	3 Social security wages	4 Social security tax withheld	
b Employer ID no. (EIN)	5 Medicare wages and tips	6 Medicare tax withheld	
c Employer's name, address and ZIP code			
d Control number			
e Employee's name, address, and ZIP code			
7 Social security tips		8 Allocated tips	9 Verification code
10 Dependent care benefits		11 Nonqualified plans	12a Code See instr. for box 12
13 Statutory employee	14 Other		12b Code
Retirement plan			12c Code
Third-party sick pay			12d 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

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

Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)			OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal Income tax withheld	
	3 Social security wages	4 Social security tax withheld	
b Employer ID no. (EIN)	5 Medicare wages and tips	6 Medicare tax withheld	
c Employer's name, address and ZIP code			
d Control number			
e Employee's name, address, and ZIP code			
7 Social security tips		8 Allocated tips	9 Verification code
10 Dependent care benefits		11 Nonqualified plans	12a Code See instr. for box 12
13 Statutory employee	14 Other		12b Code
Retirement plan			12c Code
Third-party sick pay			12d 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

Form W-2 Wage and Tax Statement Dept. of the Treasury -- IRS
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

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.	2 Federal Income tax withheld	
	3 Social security wages	4 Social security tax withheld	
b Employer ID no. (EIN)	5 Medicare wages and tips	6 Medicare tax withheld	
c Employer's name, address and ZIP code			
d Control number			
e Employee's name, address, and ZIP code			
7 Social security tips		8 Allocated tips	9 Verification code
10 Dependent care benefits		11 Nonqualified plans	12a Code See instr. for box 12
13 Statutory employee	14 Other		12b Code
Retirement plan			12c Code
Third-party sick pay			12d 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

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