

a Employee's SSN 620-03-4437		1 Wages, tips, other compensation 948.75		2 Federal income tax withheld 6.39	
OMB No. 1545-0008		3 Social security wages 948.75		4 Social security tax withheld 58.82	
b Employer identification number 95-2850835		5 Medicare wages and tips 948.75		6 Medicare tax withheld 13.76	
c Employer's name, address, and ZIP code Sierra Wholesale Hardware 654 S Lincoln Ave San Bernardino CA 92408					
e Employee's first name and initial JAMES		Last name SMALL		Suff.	
1601 W MacArthur Blvd Apt 22U Santa Ana CA 92704					
f Employee's address and ZIP code					
d Control number		7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits		11 Nonqualified plans	
12a		14 Other CASDI (2) 9.50			
12b					
12c					
12d					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's state ID number CA 124-2319-0		16 State wages, tips, etc. 948.75		17 State income tax	
18 Local wages, tips, etc. 948.75		19 Local income tax 9.50		20 Locality name CA-SDI	

Form **W-2** Wage and Tax Statement **2015** Department of the Treasury-Internal Revenue Service
Copy B - To Be Filed With Employee's FEDERAL Tax Return.

a Employee's SSN 620-03-4437		1 Wages, tips, other compensation 948.75		2 Federal income tax withheld 6.39	
OMB No. 1545-0008		3 Social security wages 948.75		4 Social security tax withheld 58.82	
b Employer identification number 95-2850835		5 Medicare wages and tips 948.75		6 Medicare tax withheld 13.76	
c Employer's name, address, and ZIP code Sierra Wholesale Hardware 654 S Lincoln Ave San Bernardino CA 92408					
e Employee's first name and initial JAMES		Last name SMALL		Suff.	
1601 W MacArthur Blvd Apt 22U Santa Ana CA 92704					
f Employee's address and ZIP code					
d Control number		7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits		11 Nonqualified plans	
12a		14 Other CASDI (2) 9.50			
12b					
12c					
12d					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's state ID number CA 124-2319-0		16 State wages, tips, etc. 948.75		17 State income tax	
18 Local wages, tips, etc. 948.75		19 Local income tax 9.50		20 Locality name CA-SDI	

Form **W-2** Wage and Tax Statement **2015** Department of the Treasury-Internal Revenue Service
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

a Employee's SSN 620-03-4437		1 Wages, tips, other compensation 948.75		2 Federal income tax withheld 6.39	
OMB No. 1545-0008		3 Social security wages 948.75		4 Social security tax withheld 58.82	
b Employer identification number 95-2850835		5 Medicare wages and tips 948.75		6 Medicare tax withheld 13.76	
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e Employee's first name and initial JAMES		Last name SMALL		Suff.	
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f Employee's address and ZIP code					
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9		10 Dependent care benefits		11 Nonqualified plans	
12a		14 Other CASDI (2) 9.50			
12b					
12c					
12d					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's state ID number CA 124-2319-0		16 State wages, tips, etc. 948.75		17 State income tax	
18 Local wages, tips, etc. 948.75		19 Local income tax 9.50		20 Locality name CA-SDI	

Form **W-2** Wage and Tax Statement **2015** Copy C - For EMPLOYEE'S RECORDS.

a Employee's SSN 620-03-4437		1 Wages, tips, other compensation 948.75		2 Federal income tax withheld 6.39	
OMB No. 1545-0008		3 Social security wages 948.75		4 Social security tax withheld 58.82	
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c Employer's name, address, and ZIP code Sierra Wholesale Hardware 654 S Lincoln Ave San Bernardino CA 92408					
e Employee's first name and initial JAMES		Last name SMALL		Suff.	
1601 W MacArthur Blvd Apt 22U Santa Ana CA 92704					
f Employee's address and ZIP code					
d Control number		7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits		11 Nonqualified plans	
12a		14 Other CASDI (2) 9.50			
12b					
12c					
12d					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's state ID number CA 124-2319-0		16 State wages, tips, etc. 948.75		17 State income tax	
18 Local wages, tips, etc. 948.75		19 Local income tax 9.50		20 Locality name CA-SDI	

Form **W-2** Wage and Tax Statement **2015** Department of the Treasury-Internal Revenue Service
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

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.