a !	Employee's social security number	OMB No. 154	5-0029	Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov/efile.
b Employer identification number (EIN)			1 Wa	1 Wages, tips, other compensation 2 Federal income tax withheld		
c Employer's name, address, and ZIP code			3 Social security wages 4 Social security tax withheld		curity tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 So	cial security tips	8 Allocated	tips
d Control number			9		10 Depender	nt care benefits
e Employee's first name and initial Last name Suff.			11 No	11 Nonqualified plans 12a See instruction		octions for box 12
			13 Stat	utory Retirement Third-party lloyee plan sick pay	12b	
			14 Other		12c	
					12d	
f Employee's address and ZIP code						
5 State Employer's state ID number 16 State wages, tips, etc. 17 State incor		ne tax	18 Local wages, tips, etc.	19 Local income	e tax 20 Locality name	

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



Department of the Treasury-Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.