

22222		Void <input type="checkbox"/>		a Employee's social security number 333--2-2-45		For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number (EIN) 45-3152458				1 Wages, tips, other compensation 950.00		2 Federal income tax withheld 1,526.23	
c Employer's name, address, and ZIP code Eclipse Corporation 434 NE 3rd Avenue Suite 1 Cape Coral, FL 33914				3 Social security wages 20,000.00		4 Social security tax withheld 251.05	
				5 Medicare wages and tips 20,000.00		6 Medicare tax withheld 125.23	
				7 Social security tips 18,000.00		8 Allocated tips 523.00	
d Control number 26-6487635				9 23.65		10 Dependent care benefits 500.00	
e Employee's first name and initial Jefferso P.		Last name Davis		Suff. Jr.		11 Nonqualified plans 1.00	
RR #2 Kissimmee, AL 30518				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12 12 35,468.00	
				14 Other 125.99		12b 23 45,355.00	
						12c 45 54,653.00	
						12d 87 68,768.00	
f Employee's address and ZIP code							
15 State Employer's state ID number IL 8687687		16 State wages, tips, etc. 357.32		17 State income tax 65.20		18 Local wages, tips, etc. 23.12	
19 Local income tax 88.99		20 Locality name COOK					
WI 6876876		63.32		85.40		41.85	
						76.65 WALW	

Form **W-2** Wage and Tax Statement**2014**

Department of the Treasury - Internal Revenue Service

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Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

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