a Employe	e's social security number	OMB No. 1545	5-0008	Safe, accurate, FAST! Use	≁file	Visit the www.irs.	IRS website at .gov/efile	
<b>b</b> Employer identification number (EIN)			1 Wa	/ages, tips, other compensation 2 Federal income tax withheld				
c Employer's name, address, and ZIP code			<b>3</b> So	3 Social security wages 4 Social security tax withheld			x withheld	
			<b>5</b> Me	edicare wages and tips	6 Medie	care tax with	iheld	
			<b>7</b> So	cial security tips	8 Alloca	ated tips		
d Control number			<b>9</b> Ad	vance EIC payment	10 Depe	10 Dependent care benefits		
e Employee's first name and initial Last name Suff.			11 Nonqualified plans		<b>12a</b> See	12a See instructions for box 12		
			13 Stat emp	utory Retirement Third-party ployee plan sick pay	<b>12b</b>			
			<b>14</b> Oth	er	12c			
					<b>12d</b> C d e			
f Employee's address and ZIP code	140 00 00 00 00	1= 0: : :		140	140 1 11			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local inc	ome tax	20 Locality name	
Form W-2 Wage and Tax Statement 2010 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.