22222	a Employee	s's social security number	OMB No. 1	545-0008			
b Employer identification number (EIN)					nges, tips, other pensation	her 2 Federal income tax withheld \$10000	
c Employer's name, address, and ZIP code			3 So \$600	3 Social security wages 4 Social security tax withh \$60000		x withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 So	cial security tips	8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. f Employee's address and ZIP code				11 Nonqualified plans		12a <sup>Cod</sup> e	
				13 <sup>Statutory</sup> employee <sup>Retirement</sup> plan <sup>Third</sup> -party sick pay		12b <sup>Cod</sup> e	
				14 Other		12c <sup>Cod</sup> e	
						12d	
					г г		
15 State Employer's state ID numb	oer	16 State wages, tips, etc.	17 State inco	me tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name