a Employee	e's social security number					
768-20	0-4046	OMB No. 1545-0008				
<b>b</b> Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld	
59-2128700			41400.00		3337.04	
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld	
Robert Wade and Associates PA			41400.00		2566.80	
			5 Medicare wages and tips		6 Medicare tax withheld	
520 Brickell Key Dr, Office Plaza 201			41400.00		600.30	
			<b>7</b> Soc	Social security tips 8 Allocate		
Miami F	L 33131					
d Control number			9 10 Dependent care benefits		enefits	
e Employee's first name and initial Last name Suff.			<b>11</b> No	nqualified plans	<b>12a</b>	
Carolina Wade					o d e	
Calolina			13 Statu	utory Retirement Third-party loyee plan sick pay	12b	
8297 E Zephyr Wing Court					o d e	
			14 Other		12c	
					o d e	
					12d	
Floral City E	TL 34436				o d e	
f Employee's address and ZIP code						
15 State Employer's state ID number	16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

Income Tax Return

Copy 2—To Be Filed With Employee's State, City, or Local



Department of the Treasury-Internal Revenue Service