

Void <input type="checkbox"/>		a Employee's social security number 156-74-2102		OMB No. 1545-0008	
b Employer identification number (EIN) 46-1425300			1 Wages, tips, other compensation 4331.34		2 Federal income tax withheld
c Employer's name, address, and ZIP code AQUILON CONSULTING INC. 19 ABBOTT ST #2 PORTLAND ME 04103			3 Social security wages 4331.34		4 Social security tax withheld 268.54
			5 Medicare wages and tips 4331.34		6 Medicare tax withheld 62.80
			7 Social security tips		8 Allocated tips
d Control number 1			9		10 Dependent care benefits
e Employee's first name and initial Last name Suff.  DOMINIC TRACEY  19 ABBOTT ST #2 PORTLAND ME 04103			11 Nonqualified plans		12a See instructions for box 12 e d c c c c e
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b e d c c c c e
			14 Other		12c e d c c c c e
					12d e d c c c c e
f Employee's address and ZIP code					
15 State ME	Employer's state ID number 46-142530000	16 State wages, tips, etc. 4331.34	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

Form **W-2** Wage and Tax Statement  
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Department of the Treasury—Internal Revenue Service  
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Void <input checked="" type="checkbox"/>		a Employee's social security number		OMB No. 1545-0008	
b Employer identification number (EIN)			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
			5 Medicare wages and tips		6 Medicare tax withheld
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			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b e d c c c c e
			14 Other		12c e d c c c c e
					12d e d c c c c e
f Employee's address and ZIP code					
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

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