

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 28123.71		2 Federal income tax withheld 2834.81
c Employer's name, address, and ZIP code AQUILON CONSULTING INC. 19 ABBOTT ST #2 PORTLAND ME 04103			3 Social security wages 28123.71		4 Social security tax withheld 1743.67
			5 Medicare wages and tips 28123.71		6 Medicare tax withheld 407.79
			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 e
			14 Other		12c e d c c c e
					12d e d 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. 28123.71	17 State income tax 1046.00	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

Form **W-2 Wage and Tax Statement**
Copy D—For Employer.
DAA

2014

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

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
			7 Social security tips		8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial Last name Suff.			11 Nonqualified plans		12a See instructions for box 12 e d 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 e
			14 Other		12c e d c c c e
					12d e d 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

Form **W-2 Wage and Tax Statement**
Copy D—For Employer.
DAA

2014

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.