Copy B To Be Filed With Employee's Federal Tax Return				2019	OMB No. 1545-0008	
a Employee soc. sec. no		iges, tips, other comp.		2 Federal income tax withheld 15974.84		
111-22-3333 b Employer ID no. (EIN)		cial security wages 4 Social security tax 5869.36			thheld	
5 Me		dicare wages and tips	6 Medicare tax withheld 1372.66		d	
c Employer's name, addi	ess, and Z	IP code				
AMERICA WOR		IPLOYMENT GROU NY 10011	P			
d Control number M123456						
e Employee's name, add	ress, and	ZIP code				
JOHN DOE NEW YORK, N	Y 100	11				
7 Social security tips		8 Allocated tips 0.00				
10 Dependent care benefits 0 . 0 0		11 Nonqualified plans 0.00	12a Code See instr. for b		r. for box 12 32.22	
13 Statutory employee 14 Oth				10.78		
Retirement plan	NY F	LI 27.52		: Code		
Third-party sick pay NY U		I/WF/SWF 146.19		12d Code		
NY   123-456-789	9/000	94792.14		4313.28		
15 State Employer's State ID #		16 State wages, tips, etc.	17 State income ta			
18 Local wages, tips, etc.		19 Local income tax		20 Locality nar	ne	
Form W-2 Wage and Tax This information is being for		ht the Internal Revenue Service		Dept. of the	Treasury - IR	

1 4 5	Federal inc 5974. Social secures 869.3 Medicare ta 372.6	84 rity tax wit 5 x withheld	hheld
5 6 1	869.3 Medicare ta	5 x withheld	
6 1	Medicare ta	x withheld	
	372.6	0	
ROUP			
	12a Code C		32.22
er 12b Code DD		49	10.78
FLI 27.52		12c Code	
II/WF/SWF 146.19		12d Code	
.19 1	431	3.28	
etc.		17 State income tax	
	20 Lo	cality nam	e
,	, etc.	, etc. 17 Sta	, etc. 17 State income

-7117					OMB No. 1545-0008		
a Employee soc. sec. no		iges, tips, other comp.		2 Federal income tax withheld 15974.84			
111-22-3333 b Employer ID no. (EIN)		cial security wages 66.98	4 Social security tax withheld 5869.36				
12-3456789		dicare wages and tips 66.98	6 Medicare tax withheld 1372.66				
c Employer's name, address, and ZIP code							
AMERICA WORI		IPLOYMENT GROU NY 10011	P				
d Control number M185939							
e Employee's name, address, and ZIP code							
JOHN DOE							
NEW YORK, NY 10011							
7 Social security tips 0.00		8 Allocated tips					
		11 Nonqualified plans 0.00	12a Code C 3:		32.22		
13 Statutory employee 14 Othe NY D		er DI 58.48		Code	1910.78		
Retirement plan	NY FLI 27.52		120	12c Code			
Third-party sick pay NY UI/WF		I/WF/SWF 146.19	120	12d Code			
NY   123-456-789/000   94792.14   4313.28			18				
15 State Employer's State ID#		16 State wages, tips, etc.	17 State income tax		come tax		
18 Local wages, tips, etc.		19 Local income tax	20 Locality name		name		
1							

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return				2019	OMB No. 1545-0008	
a Employee soc. sec. no.		ages, tips, other comp.	2 Federal income tax withheld 15974.84			
111-22-3333 b Employer ID no. (EIN)		cial security wages	4 Social security tax withheld 5869.36			
12-3456789		dicare wages and tips	6 Medicare tax withheld 1372.66			
c Employer's name, addr	c Employer's name, address, and ZIP code					
AMERICA WORK	KS EM	MPLOYMENT GROU	P			
LLC, NEW YO	ORK,	NY 10011				
d Control number M185939						
e Employee's name, add	ress, and 2	ZIP code				
JOHN DOE						
NEW YORK, NY 10011						
		8 Allocated tips 0 . 0 0				
		11 Nonqualified plans 0.00	1	12a Code C 32.		
13 Statutory employee 14 Othe NY D		er DI 58.48	12b Code DD 4910.		10.78	
Retirement plan NY F		LI 27.52	12c Code			
Third-party sick pay NY U		I/WF/SWF 146.19	12d Code			
NY   123-456-789/000   94792.14		94792.14	4313.28			
15 State Employer's State ID#		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						