2222	_ diov	a Employee's soc 123-45-6789	a Employee's social security number 123-45-6789	For Official Use Only OMB No. 1545-0008	only 0008		
b Employer identification number (EIN) 12-1234567	ication number ((EIN)			1 Wages, tips, other compensation 50,000.00	2 Federal income tax withheld 4,092.00	ax withheld
c Employer's name, address, and ZIP code	e, address, and	ZIP code			3 Social security wages 50,000.00	4 Social security tax withheld 3,100.00	x withheld
Company ABC 444 Example Road	ABC le Road				5 Medicare wages and tips 50,000.00	6 Medicare tax withheld 725.00	pleid
Columbus, OH 43218	OH 43218				7 Social security tips	8 Allocated tips	
d Control number					0	10 Dependent care benefits	penefits
 Employee's first name and initial Abby L 	name and initial	Last name Smith	ne	Suff.	11 Nonqualified plans	12a See instructions for box 12	for box 12
123 Sample Road Columbus, OH 43218	Road OH 43218				Statutory Retirement Third-party sick pay sick pay 14 Other	120 120 12d	
f Employee's address and ZIP code	ess and ZIP cod	9				0000	
15 State Employer's state OH 12-3456789	Employer's state ID number 12-3456789		16 State wages, tips, etc. 17 State income tax 50,000.00 1,040.88	17 State income 1,040.88	tax 18 Local wages, tips, etc. 50,000.00	19 Local income tax 1,250.00	20 Locality name Columbus
_							
Form W-2	Wage and	W-2 Wage and Tax Statement	Form W-2 Wage and Tax Statement Conv. A - For Social Security Administration, Send this entire page with	h 근 O 근		Department of the Treasury—Internal Revenue Service For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	Revenue Service work Reduction ite instructions.

Copy A—For Social Security Administration. Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

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