W-2

2019

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 22222 | | **a** Employee’s social security number | | OMB No. 1545-0008 | | | | | | |
| **b** Employer identification number (EIN) | | | | | **1** Wages, tips, other compensation  ${salary} | | | **2** Federal income tax withheld | | |
| **c** Employer’s name, address, and ZIP code  ${name}  ${address} | | | | | **3** Social security wages  ${salary} | | | **4** Social security tax withheld  ${social\_security} | | |
| **5** Medicare wages and tips  ${salary} | | | **6** Medicare tax withheld  ${medicare} | | |
| **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.  ${first\_name} ${last\_name}    **f** Employee’s address and ZIP code | | | | | **11** Nonqualified plans | | | **12a**  C | | |
| o d e |  | |
| **13** Statutory Retirement Third-party  employee plan sick pay | | | **12b**  C | | |
| o d e |  | |
| **14** Other | | | **12c**  C | | |
| o d e |  | |
| **12d**  C | | |
| o d e |  | |
|  | | |
| **15** State Employer’s state ID number | | | **16** State wages, tips, etc.  ${sdi} | **17** State income tax | | **18** Local wages, tips, etc. | **19** Local income tax | | | **20** Locality name |
|  |  | |
|  | | |  |  | |  |  | | |  |
|  |  | |

**Form**

Wage and Tax Statement

Department of the Treasury—Internal Revenue Service

**Copy 1—For State, City, or Local Tax Department**