a Employee's social sec	omber OMB No. 1545-	E A C	e, accurate, ST! Use	e ~file	Visit the IRS website at www.irs.gov/efile
b Employer identification number (EIN)	-	1 Wages,	tips, other compensa	ation 2 Feder	al income tax withheld
c Employer's name, address, and ZIP code		3 Social s	security wages	4 Socia	I security tax withheld
		5 Medica	re wages and tips	6 Media	care tax withheld
		7 Social s	security tips	8 Alloca	ated tips
d Control number		9		10 Depe	ndent care benefits
e Employee's first name and initial Last name		11 Nonqua	•	C o d e	nstructions for box 12
		13 Statutory employee	Retirement Third plan sick	d-party pay 12b	
			14 Other		
				12d	
f Employee's address and ZIP code					
15 State Employer's state ID number 16 State wa	ges, tips, etc. 17 State income	e tax 18	Local wages, tips, e	tc. 19 Local ince	ome tax 20 Locality name

Wage and Tax Statement

5017

Department of the Treasury-Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.