


		a. Employee's social security		Form W-2 Wage and Tax Statement Copy B		Safe, accurate, Fast! Use OMB No. 1545-0008		 www.irs.gov/efile <small>Visit the IRS website at</small>			
b. Employer's 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		9. Verification Code			
d. Control number				10. Dependents care		11. Nonqualified plans		12a. Code (see inst. For box 12)			
e. Employee's first name and initial last name				12b. Code		12c. Code		12d. Code			
				13 Statutory <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick <input type="checkbox"/>		14. Other					
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,		19. Local income tax		20. Locality name	

Copy B To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if income is taxable and you failed to report it.

		a. Employee's social security		Form W-2 Wage and Tax Statement Copy 2		OMB No. 1545-0008					
b. Employer's identificationnumber (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		9. Verification Code			
d. Control number				10. Dependents care		11. Nonqualified plans		12a. Code (see inst. For box 12)			
e. Employee's first name and initial last name				12b. Code		12c. Code		12d. Code			
				13 Statutory <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick <input type="checkbox"/>		14. Other					
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,		19. Local income tax		20. Locality name	

Copy 2 To Be Filed With Employee's State, City or Local Tax Return. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if income is taxable and you failed to report it.

		a. Employee's social security		Form W-2 Wage and Tax Statement Copy C		This information is being furnished to the Internal Revenue are required to file a tax return, a negligence penalty or other may be imposed on you if this income is taxable and you fail to report it OMB No. 1545-0008					
b. Employer's identificationnumber (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		9. Verification Code			
d. Control number				10. Dependents care		11. Nonqualified plans		12a. Code (see inst. For box 12)			
e. Employee's first name and initial last name				12b. Code		12c. Code		12d. Code			
				13 Statutory <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick <input type="checkbox"/>		14. Other					
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,		19. Local income tax		20. Locality name	