a. Control number b. Employer Identification number (EIN)			Copy C - For EMPLOYEE'S RECORDS OMB No. 1545-0008 39-1908647					
c. Employer's name, address and ZIP code			1 Wages, tips, other compensation			2 Federal income tax withheld		
			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 Advance EIC payment	
d. Employee's social security number			10 Dependent care benefits		11 Nonqualified plans		12a Code (see inst. For box 12)	
e. Employee's name, address and ZIP code			12b Code		12c Code		12d Code	
			13		14 Other			
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Lo	cal wages, tips, etc.	etc. 19 Local income tax 20 Locality name		20 Locality name
This information is being	g furnished to the IRS.	If you are required to file a tax	return, a negligence penalty of	r other sa	anction may be impos	ed on you if incor	ne is taxable a	and you fail to report it.
a. Control number	b. Employer identifica	ation number (EIN)	Form W-2 Wage a			008 OMB No.	1545-0008	Dept. of Treas. – IRS 39-1908647
c. Employer's name, address and ZIP code			Copy C – For EMPLOYEE'S RECORDS 1 Wages, tips, other compensation			2 Federal income tax withheld		
			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	1	9 Advance EIC payment	
d. Employee's social security number			10 Dependent care benefits		11 Nonqualified plans		12a Code (see inst. For box 12)	
e. Employee's name, address and ZIP code			12b Code		12c Code		12d Code	
			13 Statutory employee Retirement plan Third-party sick pay					
15 State Employer's state ID number 16 State wages, tips, etc.		16 State wages, tips, etc.	17 State income tax	18 Lo	tal wages, tips, etc.			20 Locality name
a. Control number	b. Employer identifica	If you are required to file a tax						and you fail to report it. Dept. of Treas. – IRS
	Form W-2 Wage and Tax Statement 2008 OMB No. 1545-0008 Copy C – For EMPLOYEE'S RECORDS Dept. of Treas. – IRS 39-1908647							
c. Employer's name, address and ZIP code			1 Wages, tips, other compensation		2 Federal income tax withheld			
			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 Advance EIC payment	
d. Employee's social security number			10 Dependent care benefits		11 Nonqualified plans		12a Code (see inst. For box 12)	
e. Employee's name, address and ZIP code			12b Code		12c Code 12d Code			
15 State Employer's s	tate ID number	16 State wages, tips, etc.	Retirement plan	□ □ □ □ 18 Lo	14 Other	19 Local incor	ne tax	20 Locality name
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