a. Control number	b. Employer Identifica	ation number (EIN)	Copy B – To Be Filed				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 wa		16 State wages, tips, etc.	17 State income tax			19 Local income tax 20 Locality name			
				ļ				<u> </u>	
This information is being	furnished to the IRS.	If you are required to file a tax	return, a negligence penalty of	r other s	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					Dept. of Treas. – IRS 39-1908647	
c. Employer's name, address and ZIP code			Copy 2 - To Be Filed With Employee's State, City of 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		
			Retirement plan	Statutory employee Retirement plan					
15 State Employer's st	ate ID number	16 State wages, tips, etc.	17 State income tax	18 Lo	cal wages, tips, etc.	19 Local incor	ne tax	20 Locality name	
This information is being	furnished to the IRS.	If you are required to file a tax	return, a negligence penalty o	r other s	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	stion number (FIN)			· · · · · · · · · · · · · · · · · · ·	000 000		Dept. of Treas. – IRS	
	Copy C – For EMPLOYEE'S RECORDS								
c. Employer's name, address and ZIP code					n	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				12d Code	12d Code	
4E State Feedback	ota ID purchas	I 46 State	Retirement plan Third-party sick pay		14 Other	10100015	no to:	201.000***	
15 State Employer's st	ate ID number	16 State wages, tips, etc.	17 State income tax	10 L0	cal wages, tips, etc.	19 Local incor		20 Locality name	
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