		a Employee's social security number					
	OMB No. 154			45-0008			
b Employer identification number (EIN)				1 Wa	Wages, tips, other compensation 2 Federal income tax withheld		
c Employer's name, address, and ZIP code				3 So	cial security wages	4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 So	Social security tips 8 Allocated tips		
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff.				11 No	nqualified plans	12a	
				13 Star	13 Statutory employee Plan Third-party sick pay		
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Emp	Employer's state ID number 16 State wages, tips, etc. 17 State incomparison of the state incompa		17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return