

22222		a Employee's social security number 111-22-3333		OMB No. 1545-0029							
b Employer identification number (EIN) 12-3456789				1 Wages, tips, other compensation 55000.00		2 Federal income tax withheld 5000.00					
c Employer's name, address, and ZIP code Sample Employer Inc. 123 Business St, Worktown, ST 12345				3 Social security wages 45000.00		4 Social security tax withheld					
				5 Medicare wages and tips 1500.00		6 Medicare tax withheld					
				7 Social security tips		8 Allocated tips					
d Control number				9		10 Dependent care benefits					
e Employee's first name and initial John Smith Last name 987 Worker Ave, Hometown, ST 5 Suff.				11 Nonqualified plans		12a C o o d e					
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o d e					
				14 Other		12c C o o d e					
						12d C o o d e					
f Employee's address and ZIP code											
15 State Employer's state ID number NY		16 State wages, tips, etc. 600.00		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	