

22222		Void <input type="checkbox"/>	a Employee's social security number 123-45-6789		For Official Use Only ► OMB No. 1545-0008	
b Employer identification number (EIN) 12-1234567			1 Wages, tips, other compensation 50,000.00		2 Federal income tax withheld 1,111.00	
c Employer's name, address, and ZIP code Readdle 795 Folsom Street San Francisco, CA 94107			3 Social security wages 35,000.00		4 Social security tax withheld 1,111.00	
			5 Medicare wages and tips 45,000.00		6 Medicare tax withheld 1,111.00	
			7 Social security tips		8 Allocated tips	
d Control number R3D1			9 Verification code		10 Dependent care benefits	
e Employee's first name and initial Nikita V		Last name Bilyk	Suff.	11 Nonqualified plans		12a See instructions for box 12 D 1,234.00
123 Example Street Sample City, CA 12345			13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b C 123.45	
			14 Other		12c	
					12d	
f Employee's address and ZIP code						
15 State OH	Employer's state ID number 123-123-1234	16 State wages, tips, etc. 50,000	17 State income tax 1,535	18 Local wages, tips, etc. 50,000	19 Local income tax 750	20 Locality name CLEVELAND

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

2018

Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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