55	555	a Employee's social security number 123-45-6789 OMB No. 1545-0008									
b Employer identification number (EIN) 01-23456789					1 Wages, tips, other compensation 52301.46 2 Federal income tax withheld 7552.11						
c Employer's name, address, and ZIP code  Test Company					3 Social security wages 55750.33			4 Social security tax withheld 3450.68			
1234 Sensible Way San Francisco, CA 94414					5 Medicare wages and tips 55750.33				6 Medicare tax withheld 807.01		
						7 Social security tips			8 Allocated tips		
d Control number A1B2								10	Deper	ndent care l	oenefits
e Employee's first name and initial Last name Suf				Suff.	11 Nonqualified plans			12a			
John		Sm	ith					o d e	С		104.27
6789 Doc Street San Francisco, CA 94414					13 Statutory employee Retirement Third-party sick pay  14 Other			12k	D		3528.87
Carrianoisco, Crossis							Cod	M		6.46	
									12d N 1.51		
f Employee's address and ZIP code											
	yer's state ID numb		16 State wages, tips, etc.	l		- 1	Local wages, tips, etc.	<b>19</b> Lo	cal inc	ome tax	20 Locality name
CA	12-345678	39	52231.46	346	1.27						

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

Copy 1-For State, City, or Local Tax Department



Department of the Treasury-Internal Revenue Service