22222	a Employee's social security number	OMB No. 1545-0008						
b Employer identification number (EIN)				1 Wages, tips, other compensation 2 Federal income tax withheld				
c Employer's name, address, and ZIP code			3 Social security wages 4 Social security tax withh					
			5 Medicare wages and tips 6 Medicare tax withheld					
				cial security tips	8 Allocated tips			
d Control number				9 10 Dependent care benefits				
e Employee's first name and initial Last name Suff.			11 Nonqualified plans 12a					
				13 Statutory employee plan Third-party sick pay				
				14 Other				
					12d			
f Employee's address and ZIP code								
15 State Employer's state ID nur	nber 16 State wages, tips, etc.	17 State incom	e tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name			

Form W-2 Wage and Tax Statement

5075

Department of the Treasury-Internal Revenue Service

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

a Employee's social security number			Safe, accurate,	Visit the IRS website at www.irs.gov/efile			
	OMB No. 154	5-0008 	77.011 000	www.iis.gov/enic			
b Employer identification number (EIN)			Wages, tips, other compensation 2 Federal income tax withheld				
c Employer's name, address, and ZIP code			3 Social security wages 4 Social security tax withheld				
			dicare wages and tips	6 Medicare tax withheld			
	7 Soc	ial security tips	8 Allocated tips				
d Control number	9	9 10 Dependent care benefits					
e Employee's first name and initial Last name Suff.			11 Nonqualified plans 12a See instructions for box 12				
		13 Statu	ttory Retirement Third-party sick pay	7 12b C C C C C C C C C			
			er	12c			
				12d C			
f Employee's address and ZIP code							
15 State Employer's state ID number 16 State wages, tips, etc.	c. 17 State incom	ne tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name			

Wage and Tax Statement

5075

Department of the Treasury-Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

		a Employee's social security number	OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If y are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report							
b Employer identification number (EIN)				1 Wa	1 Wages, tips, other compensation 2 Federal income tax withheld					
c Employer's name, address, and ZIP code				3 Sc	3 Social security wages 4 Social security tax v			x withheld		
			5 M	5 Medicare wages and tips 6 Medicare tax wi			held			
					cial security tips	8 Allocated tips				
d Control number				9		10 Dependent care benefits				
e Employee's first name and initial Last name Suff.				1 Nonqualified plans 12a See instructions for box 12			for box 12			
				13 Sta	employee plan sick pay					
				14 Oti	ner	12c				
						12d				
f Employee's address and ZIP code										
15 State	Employer's state ID num	ber 16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local inco	me tax	20 Locality name		

Wage and Tax Statement

5075

Department of the Treasury-Internal Revenue Service

Safe, accurate FAST! Use



Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

	a Employee's social security number					,			
	OMB No. 1548			15-0008					
b Employer identification number (EIN)			1 Wages, tips, other compensation 2 Federal income tax withheld						
c Employer's name, address, and ZIP code			3 Social security wages 4 Social security tax withhe			curity tax withheld			
			5 Me	5 Medicare wages and tips 6 Medicare tax withheld					
				7 Social security tips 8 Allocated tips					
d Control number			9	9 10 Dependent care benefits					
e Employee's first name and initial Last name Suff.				11 Nonqualified plans 12a					
				employée plan sick pay C					
			14 Other						
					12d				
f Employee's address and ZIP code									
15 State Employer's state ID num	ber 16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local income	e tax 20 Locality name			

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.

	s Employee's social	accurity number								
Void a Employee's social security number OMB No. 15					45-0008					
b Employer identification number (EIN)				1 Wa	ges, tips, other compensation	2 Federa	l income	tax withheld		
c Employer's name, address, and ZIP code				3 Social security wages		4 Social	4 Social security tax withheld			
				5 Medicare wages and tips		6 Medica	6 Medicare tax withheld			
				7 So	cial security tips	8 Allocat	ed tips			
d Control number				9	9 10 Dependent care benefits			benefits		
e Employee's first name and initial Last name			Suff.	11 No	11 Nonqualified plans		12a See instructions for box 12			
				13 Statemp	tutory Retirement Third-part ployee plan sick pay	12b				
				14 Oth	ner	12c				
						12d				
f Employee's address and ZIP code	е									
15 State Employer's state ID numl	ber 16 Stat	e wages, tips, etc.	17 State incon	ne tax 18 Local wages, tips, etc.		19 Local income tax		20 Locality name		
Form W-2 Wage and Statemen	d Tax nt	2	075			-	nd Pape	Revenue Service		

Copy D — For Employer.

Department of the Treasury-Internal Revenue Service For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.