a E	mployee's social security number	OMB No. 1545	5-0008	Safe, accurate, FAST! Use	IRSP 1	<b>file</b>		e IRS website at s.gov/efile
<b>b</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 withheld		
			5 M	edicare wages and	tips	6 Medica	are tax with	hheld
			<b>7</b> Sc	ocial security tips		8 Allocat	ed tips	
d Control number			9			10 Depen	dent care	benefits
e Employee's name, address, and ZIP co	ode	Suff.	<b>11</b> N	onqualified plans		12a See ir	structions	for box 12
			13 Sta	atutory Retirement	Third-party sick pay	<b>12b</b>		
			<b>14</b> Ot	her		12c		
						12d		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State incom	e tax	18 Local wages,	tips, etc.	19 Local inco	ome tax	20 Locality name

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

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 $\textbf{Copy B-To Be Filed With Employee's FEDERAL Tax \, Return.}$ This information is being furnished to the Internal Revenue Service.

	a Employee's social security number	OMB No. 154		Safe, accurate, FAST! Use	Visit the www.irs.	IRS website at gov/efile
b Employer identification number (EIN)			1 Wag	ges, tips, other compensation	2 Federal income tax	x withheld
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld	
			5 Med	dicare wages and tips	6 Medicare tax withh	held
			<b>7</b> Soc	cial security tips	8 Allocated tips	
d Control number			9		10 Dependent care be	enefits
e Employee's name, address, and ZIP code Suff.			11 Nonqualified plans 12a See instruction		12a See instructions for See	or box 12
			13 Statu	utory Retirement Third-party oyee plan sick pay	12b	
			14 Other		12c	
					12d C 0 0 0	
15 State Employer's state ID numb	per 16 State 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 Tax Statement



Department of the Treasury-Internal Revenue Service