

OMB No. 1545-0008 Department of the Treasury—Internal Revenue Service

1 Wages, tips, other compensation	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a
12b	12c	12d

b Employer identification number (EIN) a Employee's social security number

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
-----------------------	-----------------	----------------------	----------

e Employee's name, address, and ZIP code

**Form W-2**

15 State Employer's state ID number 16 State wages, tips, etc.

**Wage and Tax Statement**

17 State income tax 18 Local wages, tips, etc.

**2022**

19 Local income tax 20 Locality name

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

OMB No. 1545-0008 Department of the Treasury—Internal Revenue Service

1 Wages, tips, other compensation	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a
12b	12c	12d

b Employer identification number (EIN) a Employee's social security number

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
-----------------------	-----------------	----------------------	----------

e Employee's name, address, and ZIP code

**Form W-2**

15 State Employer's state ID number 16 State wages, tips, etc.

**Wage and Tax Statement**

17 State income tax 18 Local wages, tips, etc.

**2022**

19 Local income tax 20 Locality name

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

OMB No. 1545-0008 Department of the Treasury—Internal Revenue Service

1 Wages, tips, other compensation	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d

b Employer identification number (EIN) a Employee's social security number

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
-----------------------	-----------------	----------------------	----------

e Employee's name, address, and ZIP code

**Form W-2**

15 State Employer's state ID number 16 State wages, tips, etc.

**Wage and Tax Statement**

17 State income tax 18 Local wages, tips, etc.

**2022**

19 Local income tax 20 Locality name

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

OMB No. 1545-0008 Department of the Treasury—Internal Revenue Service

1 Wages, tips, other compensation	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d

b Employer identification number (EIN) a Employee's social security number

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
-----------------------	-----------------	----------------------	----------

e Employee's name, address, and ZIP code

**Form W-2**

15 State Employer's state ID number 16 State wages, tips, etc.

**Wage and Tax Statement**

17 State income tax 18 Local wages, tips, etc.

**2022**

19 Local income tax 20 Locality name

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

A

MW285

O G