	a Employee's social security number	OMB No. 1545	5-0008	This information is being furniare required to file a tax returnmay be imposed on you if this	shed to the Intelling, a negligence particular	rnal Revenue Service. If you benalty or other sanction ble and you fail to report it.
b Employer identification number (EIN)			1 W	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 withheld
			7 S	ocial security tips	8 Allocat	ed tips
d Control number			9		10 Depen	dent care benefits
e Employee's name, address, and ZIP code Suff.		11 Nonqualified plans		12a See instructions for box 12		
			13 St.	atutory Retirement Third-party sick pay	12b C c d e	
			14 Ot	her	12c	
					12d C O O O O O	
15 State Employer's state ID number 16 State wages, tips, etc. 17 State incom		ne tax 18 Local wages, tips, etc.		19 Local inco	ome tax 20 Locality name	

Form **W-2** Wage and Tax Statement Copy C-For EMPLOYEE'S RECORDS (See *Notice to*

Employee on the back of Copy B.) or Copy 2 to be Filed With Employee's State, City or Local Income Tax Return

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Department of the Treasury-Internal Revenue Service

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	a Employee's social security number	OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If you 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 it.				
b Employer identification number (EIN)			1 Waq	1 Wages, tips, other compensation 2 Federal income tax withheld		
c Employer's name, address, and ZIP code			3 Soc	cial security wages	4 Social security tax withheld	
			5 Me	dicare wages and tips	6 Medicare tax withheld	
			7 Soc	cial security tips	8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's name, address, and ZIP code Suff.			11 No	11 Nonqualified plans 12a See instructions for box 1		
			13 Statu	13 Statutory employee Plan Third-party sick pay		
			14 Other		12c	
					12d	
				T		
15 State Employer's state ID numb	ner 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

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