	e'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			<b>3</b> Soc	3 Social security wages			4 Social security tax withheld		
			5 Medicare wages and tips			6 Medicare tax withheld			
			7 Soc	cial security tips		8 Allocate	ed tips		
d Control number			9	9			10 Dependent care benefits		
e Employee's name, address, and ZIP code Suff.			11 Nonqualified plans			12a See instructions for box 12			
			13 Stati emp	utory Retirement Third loyee plan sick p	-party bay	<b>12b</b> C d e			
			14 Oth	er		<b>12c</b> C d e			
						12d C d e			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 1		19 Local income tax		<b>20</b> Locality name	
Form <b>W-2</b> Wage and Tax St Copy 1–For State, City, or Local Tax De		202	23	Departm	For F	Privacy Act a	nd Paperv	Revenue Service work Reduction ite instructions.	

Copy D-For Employer.

	e's social security number	OMB No. 154	5-0008				
b Employer identification number (EIN)			1 Wag	ges, tips, other compensation	2 Federal income tax withheld		
c Employer's name, address, and ZIP code			<b>3</b> Soc	cial security wages	4 Social security tax withheld		
			5 Me	5 Medicare wages and tips 6 Medicare ta			held
			7 Soc	cial security tips	8 Allocate	ed tips	
d Control number			9	<b>10</b> Dependent care benefits			
e Employee's name, address, and ZIP code	Suff.	<b>11</b> No	nqualified plans	12a See instructions for box 12			
			13 State emp	utory Retirement Third-party loyee plan sick pay	12b C d e		
				er			
					<b>12d</b> C d e		
15 State Employer's state ID number	16 State wages, tips, etc.	. 17 State income tax		18 Local wages, tips, etc.	19 Local income tax		<b>20</b> Locality name
Form <b>W-2</b> Wage and Tax Statement			Department of the Treasury-Internal For Privacy Act and Paper				

Copy 1—For State, City, or Local Tax Department Copy D—For Employer.

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