

a Employee's soc. sec. no.		b Employer identification number (EIN)		Copy B To Be Filed With Employee's FEDERAL Tax Return		OMB No. 1545-0008	
c Employer's name, address, and ZIP code				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	
				7 Social security tips		8 Allocated tips	
d Control number				10 Dependent care benefits		11 Nonqualified plans	
e Employee's name, address, and ZIP code Suff.				12b Code		12c Code	
				12d Code			
				13		14 Other	
				Statutory employee			
				Retirement plan			
				Third-party sick pay			
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	
						20 Locality name	

a Employee's soc. sec. no.		b Employer identification number (EIN)		Copy 2 To Be Filed With Employee's State, City, or Local Tax Return		OMB No. 1545-0008	
c Employer's name, address, and ZIP code				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	
				7 Social security tips		8 Allocated tips	
d Control number				10 Dependent care benefits		11 Nonqualified plans	
e Employee's name, address, and ZIP code Suff.				12b Code		12c Code	
				12d Code			
				13		14 Other	
				Statutory employee			
				Retirement plan			
				Third-party sick pay			
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	
						20 Locality name	

a Employee's soc. sec. no.		b Employer identification number (EIN)		Copy C For Employee's Records (See Notice to Employee on back of Copy B)		OMB No. 1545-0008	
This information is being furnished to the IRS. 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.							
c Employer's name, address, and ZIP code				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	
				7 Social security tips		8 Allocated tips	
d Control number				10 Dependent care benefits		11 Nonqualified plans	
e Employee's name, address, and ZIP code Suff.				12b Code		12c Code	
				12d Code			
				13		14 Other	
				Statutory employee			
				Retirement plan			
				Third-party sick pay			
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	
						20 Locality name	

DETACH BEFORE MAILING  
MANUFACTURED ON OCR LASER BOND PAPER USING HEAT RESISTANT INKS