55555	VOID	a Employ	ee's social security number	For Official OMB No. 18				
b Employer identi	fication number (E	EIN)			1 Wa	ges, 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 Medicare wages and tips		6 Medicare tax withheld	
					7 So	cial security tips	8 Allocated tips	
d Control number					9		10 Dependent care benefits	
e Employee's first name and initial Last name				Suff	. 11 No	onqualified plans	12a See instructions for box 12	
					13 Stat	tutory Retirement Third-party oloyee plan sick pay	y 12b	
					14 Oth	ner	12c	
							12d	
f Employee's add	ress and ZIP code	e					de	
15 State Employer	r's state ID numbe	er	16 State wages, tips, etc.	17 State inco	me tax	18 Local wages, tips, etc	. 19 Local income tax	20 Locality n
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