

| Employers State, Local, or File Copy | | 22222 | 2022 | OMB No. 1545-0008 |
|--|--|--------------------------------|------|----------------------|
| a Employee's soc. sec. no. | 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| | 3 Social security wages | 4 Social security tax withheld | | |
| b Employer ID number (EIN) | 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| | c Employer's name, address, and ZIP code | | | |
| d Control number | | | | |
| e Employee's name, address, and ZIP code Suff. | | | | |
| 7 Social security tips | 8 Allocated tips | 9 | | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code See inst. for box 12 | | |
| 13 Statutory employee | 14 Other | 12b Code | | |
| Retirement plan | | 12c Code | | |
| Third-party sick pay | | 12d Code | | |
| 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 | | |

Form W-2 Wage and Tax Statement
For Privacy Act and Paperwork Reduction
Act Notice, see separate instructions.

Dept. of the Treasury -- IRS

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