22222 Fo	orm W-2 Wage and 1	ax Statement 20	22	22222 Fo	rm W-2 Wage and	Tax Statement 20	355
7 Social security tips	1 Wages, tips, other comp	2 Federal income tax with		7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax with	
8 Allocated tips	3 Social security wages	4 Social security tax with	held	8 Allocated tips	3 Social security wages	4 Social security tax with	held
9	5 Medicare wages and tips	6 Medicare tax withheld		9	5 Medicare wages and tips	6 Medicare tax withheld	
c Employer's name, address, and ZIP code				c Employer's name, address, and ZIP code			
		12a See instructions for box 12				12a See instructions for box 12	
10 Dependent care benefits	11 Nonqualified plans	C de		10 Dependent care benefits	11 Nonqualified plans	C di	
b Employer identification number (EIN)				b Employer identification number (EIN)		12b	
a Employee's social security number		12c		a Employee's social security number		12c ⁶ / ₈ 12d	
14 Other		12d	12d		14 Other		
		13 Statutory Retirement Th plan sic	ird-party ck pay			13 Statutory Retirement Th sic	iird-party ck pay
e Employee's name, address	, and ZIP code		Suff.	e Employee's name, address,	and ZIP code		Suff.
15 State Employer's state	e ID number 16 State wages, tip	os, etc. 17 State income ta	ax	15 State Employer's state	ID number 16 State wages, tip	os, etc. 17 State income ta	ах
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	Void	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	Void
COPY 1/D EMPLOYER'S - LOCAL OR FILE COPY 	For F	No. 1545-0008 Dept. of the Tree Privacy Act and Paperwork Red Act Notice, see separate instru- Tax Statement 20 2 Federal income tax with 4 Social security tax with	duction uctions.]22 nheld		For F	Io. 1545-0008 Dept. of the Treas Privacy Act and Paperwork Red Act Notice, see separate instru- Tax Statement 2[2 Federal income tax with 4 Social security tax with	duction ictions.]22 nheld
9	5 Medicare wages and tips 6 Medicare tax withheld		9	5 Medicare wages and tips	6 Medicare tax withheld		
c Employer's name, address, a				c Employer's name, address, a			
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12	
b Employer identification number (EIN)		12b		b Employer identification number (EIN)		12b	
a Employee's social security r			a Employee's social security number		12c		
14 Other	12cd		14 Other		ē 12d G		
			Suff.	e Employee's name, address, and ZIP code			
			oun.				oun.
15 State Employer's state	e ID number 16 State wages, tip	os, etc. 17 State income ta	ax	15 State Employer's state	ID number 16 State wages, tip	os, etc. 17 State income ta	ax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	Void	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	Void
COPY 1/D EMPLOYER'S - LOCAL OR FILE COPY	For I	No. 1545-0008 Dept. of the Trea Privacy Act and Paperwork Re Act Notice, see separate instru	duction	COPY 1/D EMPLOYER'S - S LOCAL OR FILE COPY L4UPWR	For	No. 1545-0008 Dept. of the Trea Privacy Act and Paperwork Re Act Notice, see separate instru	duction

L

1