

22222		VOID <input type="checkbox"/>		a Employee's social security number		For Official Use Only 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				3 Social security wages		4 Social security tax withheld					
d Control number				5 Medicare wages and tips		6 Medicare tax withheld					
e Employee's first name and initial Last name Suff.				7 Social security tips		8 Allocated tips					
f Employee's address and ZIP code				9		10 Dependent care benefits					
				11 Nonqualified plans		12a See instructions for box 12 <small>See instructions for box 12</small>					
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b <small>See instructions for box 12</small>					
				14 Other		12c <small>See instructions for box 12</small>					
						12d <small>See instructions for box 12</small>					
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

Copy A—For Social Security Administration. Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

2023

Department of the Treasury—Internal Revenue Service

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