	OID L			For Official OMB No.	545-0008			
b Employer identification	on number (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 12a See instructions for box 12	
e Employee's first name and initial Last name				Su	Suff. 11 Nonqualified plans			
					13 State	tutory Retirement Third-part ployee plan sick pay	ty 12b	
					14 Oth	ner	12c	
							12d	
f Employee's address a						Trans.	e	
15 State Employer's sta	ate ID number	16	State wages, tips, etc.	17 State in	come tax	18 Local wages, tips, etc	c. 19 Local income tax	20 Locality n
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c Employer's name, add d Control number e Employee's first name	Security Admi al Security Adm DID	Employee's :	Send this entire page; photocopies are not Not Cut, Fold, of social security number	For Officia OMB No.	1 Use Only 545-0008 1 Wa 3 So 5 Me 7 So 9 ff. 11 No 13 State 14 Oth	on This Page ges, tips, other compensation cial security wages edicare wages and tips cial security tips onqualified plans tutory Retirement Third-parisick pay her	2 Federal income 4 Social security 6 Medicare tax w 8 Allocated tips 10 Dependent car 12a See instruction	e tax withheld tax withheld rithheld e benefits as for box 12
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