| 22 | 222 | Void | a Employ | ee's social security number | OMB No. 1 | 1545-00 | 08 | | | | | |
|---|---------|-------------------|----------|-----------------------------|------------|--------------|--|--------------------------------|--|---------------------------------|---------|------------------|
| 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 | | |
| | | | | | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | |
| | | | | | | | 7 Social security tips | | | 8 Allocated tips | | |
| d Control number | | | | | | | | | | 10 Dependent care benefits | | |
| e Employee's first name and initial Last name Suff. | | | | | | uff. | 11 Nonqualified plans | | | 12a See instructions for box 12 | | |
| | | | | | | | 13 Statutory Retirement Third-party sick pay | | | 12b | | |
| | | | | | | | 14 Other | | | 12c | | |
| | | | | | | | | | | 12d | | |
| f Employee's address and ZIP code | | | | | | | | | | | | |
| 15 State | Employe | er's state ID nur | nber | 16 State wages, tips, etc. | 17 State i | State income | | tax 18 Local wages, tips, etc. | | 19 Local inco | ome tax | 20 Locality name |
| | , | | | | | | | | | | | |
| | | Wodo on | d Ta | 1 | | | | | | | | |

Form W-2 Wage and Tax
Statement
Copy 2-To Be Filed With Employee's State, City or Local Income Tax Return.

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