22222 Void a Employee	e's social security number	OMB No. 1545-0	0008			
b Employer identification number (EIN)			1 Wa	Wages, tips, other compensation 2 Federal income tax withheld		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.			11 No	11 Nonqualified plans 12a See instructions for box 12		ructions for box 12
			13 Statuto employ	13 Statutory Retirement Third-party employee plan slick pay C C C C C C C C C C C C C C C C C C C		
			14 Other		12c	
					12d	
f Employee's address and ZIP code						
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income ta		18 Local wages, tips, etc.	19 Local incom	e tax 20 Locality name

W-2 Wage and Tax Statement

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Department of the Treasury—Internal Revenue Service

Copy B-To Be Filed With Employee's FEDERAL Tax Return.