

22222		Void <input type="checkbox"/>	a Employee's social security number			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		
				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 Nonqualified plans		12a See instructions for box 12
						13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b
						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 tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement
 Copy D-For Employer.

2019

Department of the Treasury—Internal Revenue Service