	OM	B No. 1545-0008					1		1		
Form W-2 Wage and Tax Statement 2020				7 Social Security Tips			1 Wages, tips, other comp.		2 Federal	2 Federal income tax withheld	
c Employer's name, address, and ZIP code d Control number			8 Allocated tips				3 Social security wages 4		4 Social security tax withheld		
			0.1/milliontion and								
			9 Verification code				5 Medicare wages and tips 6		6 Medicare tax withheld		
a Fundause's name, address, and 700 code				pendent	care benefits		11 Nonqualified plans 12		12a Code	2a Code See inst. for box 12	
e Employee's name, address, and ZIP code			13 Statutory Retirement Third-Party Employee Plan Sick Pay			Third-Party Sick Pay	14 Other		1	12b -12d Codes	
			h Fm	nlover ID	number		-				
			b Employer ID number								
			a En	nployee's	s social security n	umber					
15 State	Employer's state ID no.	16 State wages, tips, etc.		17 State	income tax	18 Local wag	es, tips, etc.	19 Local income ta	ix	20 Locality name	
	With Employee's FEDERAL Tax Return. s being furnished to IRS. If you are requi			nce penalty/other sanction may be imposed of			on you if this income is taxable & you fail to			Dept. of the Treasury IRS report it.	
Form W-2 Wage and Tax Statement 2020 c Employer's name, address, and ZIP code d Control number					rity Tips		1 Wages, tips, other o	comp.	2 Federal i	ncome tax withheld	
c Employer's name, address, and ZIP code d Control number			8 Allocated tips				3 Social security wages		4 Social security tax withheld		
			9 Verification code				5 Medicare wages and tips		6 Medicare tax withheld		
			9 Verification code				5 medicare wages and tips				
e Employee's name, address, and ZIP code				10 Dependent care benefits			11 Nonqualified plans		12a Code See inst. for box 12		
			13 Sta Em	atutory iployee	Retirement Plan	Third-Party Sick Pay	14 Other		1	2b -12d Codes	
			b Employer ID number				-				
			a Employee's social security number								
15 State	Employer's state ID no.	16 State wages, tips, etc.		17 State	e income tax	18 Local wag	ges, tips, etc.	19 Local income ta	ax	20 Locality name	
Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee).					OMB No. 1545-0	008			Dep	t. of the Treasury IRS	
Form W-2 Wage and Tax Statement 2020				ial secur	ity tips		1 Wages, tips, other comp. 2 Federal income tax withheld				
c Employer's name, address, and ZIP code d Control number											
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e Employee's name, address, and ZIP code			13 Statutory Retirement Third-Party Employee Plan Sick-Pay			Third-Party Sick-Pay	14 Other		12	2b -12d Codes	
				b Employer ID number							
			a Employee's social security number			mber					
15 State	Employer's state ID no.	16 State wages, tips, etc.	<u> </u>	17 Stat	e income tax	18 Local w	ages, tips, etc.	19 Local income	tax	20 Locality name	
Copy 2 to be filed	with Employee's State, City or Local Inco	me Tax Return			OMB No. 1545-0	108			Dep	ot. of the Treasury IRS	
Form W-2 Wage and Tax Statement 2020					ity tips		1 Wages, tips, other comp. 2 Federal income tax withheld				
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Copy 2 to be filed with Employee's State, City or Local Income Tax Return