| orm W-2 Wage and Tax Statement 2021 | | 7 Social security tips | | 1 Wages, tips, other comp. | | 2 Federal income tax withheld | | |
|--|----------------------------|--|--|---|--|--|---|--|
| c Employer's name, address, and ZIP code | | 8 Allocated tips | | 3 Social security wages | | 4 Social security tax withheld | | |
| | | 9 | | 5 Medicare wages and tips | | 6 Medicare tax withheld | | |
| | | | 10 Dependent care benefits | | 11 Nonqualified plans | | 12a See instructions for box 12 | |
| e Employee's name, address, and ZIP code | | 13 Statutory Retirement plan | 13 Statutory Retirement Third-party plan Sick pay | | 14 Other | | 12b | |
| | | b Employer identification r | number (EIN) | | | 12c | | |
| | | a Employee's social secur | ity no. | | | 12d | | |
| 15 State Employer's state I.D. no. | 16 State wages, tips, etc. | 17 State income tax | 18 Loc | l al wages, tips, etc. | 19 Local inc | ome tax | 20 Locality name | |
| Copy B To Be Filed With Employee's FEDERAL | _ Tax Return | This information is being fum | | IB No. 1545-0008 This information is being fumish negligence penalty or other sar | ned to the Internal Re action may be impose | Visit the IRS Web venue Service. If you a ed on you if this income | of the Treasury - IRS Site at www.irs.gov/efile re required to file a tax return, a is taxable and you fail to report it | |
| Form W-2 Wage and Tax Statement 2021 | | 7 Social security tips | | 1 Wages, tips, other comp. | | 2 Federal income tax withheld | | |
| c Employer's name, address, and ZIP code | | 8 Allocated tips | | 3 Social security wages | | 4 Social security tax withheld | | |
| | | 9 | | 5 Medicare wages and | tips | 6 Medicare tax | k withheld | |
| | | 10 Dependent care benefit | ts | 11 Nonqualified plans | | 12a See instru | ctions for box 12 | |
| e Employee's name, address, and ZIP code | | 13 Statutory Retirement employee plan | Third-party sick pay | 14 Other | | 12b | | |
| | | b Employer identification r | number (EIN) | | | 12c | | |
| | | a Employee's social secur | ity no. | - | | 12d | | |
| 15 State Employer's state I.D. no. | 16 State wages, tips, etc. | 17 State income tax | 18 Loc | l al wages, tips, etc. | 19 Local inc | ome tax | 20 Locality name | |
| Copy C For EMPLOYEE'S RECORDS (See Noti | ice to Employee on back o | f Copy B) | ON | 1B No. 1545-0008 | | Dept. of | the Treasury - IRS | |

| | | | 7 Social secu | rity tips | 1 Wages, tips, other cor | mp | 2 Eodoral i | ncome tax withheld |
|--|------------------------------|--------------------------|---|---------------------------|--------------------------|--------------------------------|-------------|---------------------------|
| Form W-2W | lage and Tax Statem | nent 2021 | 1 000101 3000 | nty ups | i wages, ups, outer cor | np. | | ncome tax withineid |
| c Employer's name, address, and ZIP code | | 8 Allocated ti | ps | 3 Social security wages | | 4 Social security tax withheld | | |
| | | 9 | | 5 Medicare wages and tips | | 6 Medicare tax withheld | | |
| | | | 10 Dependen | t care benefits | 11 Nonqualified plans | Cogg | 12a | |
| e Employee's name, address, and ZIP code | | 13 Statutory employee | Retirement Third-party plan sick pay | 14 Other | Code | 12b | | |
| | | | b Employer ic | lentification number (Ell | <u>v)</u> | Code | 12c | |
| | | | a Employee's | social security no. | | Code | 12d | |
| 15 State | Employer's state I.D. no. | 16 State wages, tips, et | c. 17 State incon | ne tax 18 Lo | ocal wages, tips, etc. | 19 Local incor | ne tax | 20 Locality name |
| Copy 2 To Be I | Filed With Employee's State, | City, or Local Income Ta | x Return | | DMB No. 1545-0008 | | Dep | ot. of the Treasury - IRS |

| Form W-2 Wage and Tax Statement 2021 | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld | |
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| e Employee's name, address, and ZIP code | 13 Statutory Retirement Third-party plan Sick pay | 14 Other | 12b | |
| | b Employer identification number (E | IN) | 12c | |
| | a Employee's social security no. | | 12d | |
| 15 State Employer's state I.D. no. 16 State wages, tips | , etc. 17 State income tax 18 L | Local wages, tips, etc. 19 Local ind | come tax 20 Locality name | |
| Copy 2 To Be Filed With Employee's State, City, or Local Income | Tax Return L87 | OMB No. 1545-0008 5206 | Dept. of the Treasury - IRS | |