a Control number	b Employer identification number	Copy B To Be Filed With OMB No. 1545-0008					
		Employee's FEDER	<u>AL Tax Return</u>				
CENTRAL I	MARYLAND PAYROLL BUREAU	1 Wages, tips, other compensation 3 Social security wages		2 Federal income tax withheld4 Social security tax withheld			
	S, MD 21404-2396	5 Medicare wages and tips 7 Social security tips	6 M 8 Allocated tips	6 Medicare tax withheld 9 Advance EIC payment			
52-6002033	S.S.# 69-0520001L						
 d Employee's social security e Employee's name, address 		10 Dependent care benefits 12b Code	11 Nonqualified plans 12c Code	12a Code See Inst. for box 12 12d Code			
		13 Statutory employee Retirement plan Third-party sick pay	14 Other				
15 State Employer's state II	D number 16 State wages, tips, etc. '	17 State income tax 18 Loca	al wages, tips, etc. 19	Local income tax 20 Locality name			

Form W-2 Wage and Tax Statement This information is being furnished to the Internal Revenue Service.

REISSUED STATEMENT

Department of the Treasury - Internal Revenue Service

а	Control number	b Emplo	yer identification number		Copy 2 To Be Filed With Employee's OMB No. 1545-0008 State, City, or Local Tax Return							
С	Employer's name, address,	and ZIP co	de		State, City, or	LOC	aii	ax Return				
STATE OF MARYLAND CENTRAL PAYROLL BUREAU			1 Wages, tips, other compensation 3 Social security wages				2 Federal income tax withheld 4 Social security tax withheld					
P.O. BOX 2396 ANNAPOLIS, MD 21404-2396 52-6002033 S.S.# 69-0520001L				5 Medicare wages and tips				6 Medicare tax withheld				
				7 Social security tips			8 Allocated tips		9 Advance EIC payment			
d Employee's social security number							11 Nonqualified p			ode See Inst. for box 12		
e Employee's name, address, and ZIP code				- 12b Code	12c Code				12d Code			
					13 Statutory employee Retirement plan Third-party sick pay			14 Other	I			
15	State Employer's state ID	number 	16 State wages, tips, etc.	17 :	State income tax	18 Lc	ocal v 	wages, tips, etc.	19 Local income	e tax	20 Locality name	
		E. 01.1									Internal Devenue Convice	

Form W-2 Wage and Tax Statement **REISSUED STATEMENT** Department of the Treasury – Internal Revenue Service

a Control numb	ber	b Emplo	oyer identification number		Copy C For Employee's Record (See Notice on Back of Copy "B") OMB No. 1545-0008					
					This information is being	furnished	to the IRS. If you are	e required to file a ta	ax return,	a negligence
					penalty or other sanction	mposed on you if this	income is taxable and you fail to report it.			
c Employer's name, address, and ZIP code										
STATE OF MARYLAND CENTRAL PAYROLL BUREAU				1 Wages, tips, other cor	npensatio	n	2 Federal income tax withheld			
				3 Social security wages			4 Social security tax withheld			
P.O. BOX 2396 ANNAPOLIS, MD 21404-2396										
A	INAPOLIS	, IVID 214	404-2396		5 Medicare wages and tips			6 Medicare tax withheld		
52-6002033 S.S.# 69-0520001L			7 Social security tips 8 Allocated tips			9 Advance EIC payment				
		0.0.// 00	00200012							
d Employee's s	ocial security r	number								
				10 Dependent care bene	efits	11 Nongualified p	ans	12a Code See Inst. for box 12		
					12b Code 12c Code			12d Code		de
e Employee's name, address, and ZIP code										
				13 14 Other						
				Statutory employee						
				Retirement plan						
					Third-party sick pay					
15 State Emplo	oyer's state ID	number	16 State wages, tips, etc.	17	State income tax	18 Loca	al wages, tips, etc.	19 Local income	e tax	20 Locality name
			1							
		_	1					· · · · · · ·		

Form W-2 Wage and Tax Statement

Department of the Treasury – Internal Revenue Service