

Federal Tax Return			OMB No. 1545-0008		
a Control number	1 Wages, tips, other comp.	2 Federal income tax withheld			
b Employer ID number	3 Social security wages	4 Social security tax withheld			
	5 Medicare wages and tips	6 Medicare tax withheld			
c Employer's name, address, and ZIP code					
d Employee's social security number					
e Employee's name, address, and ZIP code					
7 Social security tips		8 Allocated tips		9 Advance EIC payment	
10 Dependent care benefits		11 Nonqualified plans			
12a	13 Stat. Emp. Ret. plan		3rd-party sick pay		
12b	14 Other				
12c					
12d					
15 State Employer's State ID #		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
This information is being furnished to the Internal Revenue Service Dept. of the Treasury - IRS

Copy B To Be Filed With Employee's Federal Tax Return			OMB No. 1545-0008		
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10 Dependent care benefits		11 Nonqualified plans			
12a	13 Stat. Emp. Ret. plan		3rd-party sick pay		
12b	14 Other				
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15 State Employer's State ID #		16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

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