Federal Tax Ret	urn			OMB No. 1545-0008	Copy B T Federal	Copy B To Be Filed With Employee's OMB N Federal Tax Return 1545-00					
a Control number 1 Wage		ages, tips, other comp.		2 Federal income tax withheld	a Control nur	mber	1 Wages, tips, other comp.		2 Federal income tax withheld		
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d Employee's social secu		d Employee's	d Employee's social security number								
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7 Social security tips 8		8 Allocated tips		9 Advance EIC payment	7 Social secu	7 Social security tips		8 Allocated tips		9 Advance EIC payment	
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12a	I_		13 Stat. Emp.	Ret. plan 3rd-party sick pay	12a		I	13 Stat. Emp.	Ret. plan	3rd-party sick pay	
12b	14 Other				12b		14 Other				
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d Employee's social secu		d Employee's	d Employee's social security number								
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15 State Employer's State ID#

18 Local wages, tips, etc.

7 Social security tips

12a

12b

12c

12d

10 Dependent care benefits

Dept. of the Treasury - IRS

3rd-party sick pay

9 Advance EIC payment

17 State income tax

20 Locality name

Ret. plan

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

15 State Employer's State ID#

18 Local wages, tips, etc.

7 Social security tips

12a

12b

12c

12d

10 Dependent care benefits

8 Allocated tips

11 Nonqualified plans

13 Stat. Emp.

14 Other

16 State wages, tips, etc.

19 Local income tax

Dept. of the Treasury - IRS

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14 Other

16 State wages, tips, etc.

19 Local income tax