a Employee's social security number	b Employer identification number	Copy B To Be Filed With				
c Employer's name, address, and ZIP	code	Employee's FEDER	AL Tax Retu	<u>rn</u>		
STATE OF MARYLAND		1 Wages, tips, other compensation		2 Federal income tax withheld		
CENTRAL PAYROLL BUREAU P.O. BOX 2396		3 Social security wages		4 Social security tax withheld		
ANNAPOLIS, MD 21404-2396		5 Medicare wages and tips		6 Medicare tax wi	ithheld	
S.S.# 69-0520001L		7 Social security tips	8 Allocated tips		9	
d Control number		10 Dependent care benefits	11 Nonqualified p	olans	12a Code See Inst. for box 12	
Employee's first name and initial, last name and suffix Employee's address and ZIP code		12b Code			12d Code	
		Statutory employee Retirement plan Third-party sick pay				
15 State Employer'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	
Form W-2 Wage and Tax St This information is being furnished to the Inte	ratement REI rnal Revenue Service.	SSUED STATEMENT	Depa	rtment of the Trea	asury – İnternal Revenue Service	
a Employee's social security number	b Employer identification number	Copy 2 To Be Filed State, City, or Local		yee's	OMB No. 1545-0008	
C Employer's name, address, and ZIP code STATE OF MARYLAND CENTRAL PAYROLL BUREAU		Wages, tips, other compensation Social security wages		Federal income tax withheld Social security tax withheld		
P.O. BOX 2396 ANNAPOLIS, MD 21404-2396 S.S.# 69-0520001L		5 Medicare wages and tips 7 Social security tips 8 Allocated tips		6 Medicare tax withheld 9		
d Control number		10 Dependent care benefits	11 Nonqualified p	olans	12a Code See Inst. for box 12	
Employee's first name and initial, last name and suffix Employee's address and ZIP code		12b Code	12b Code 12c Code		12d Code	
		13 14 Other Statutory employee Retirement plan Third-party sick pay				
15 State Employer's state ID number	16 State wages, tips, etc. 17		al wages, tips, etc.	19 Local income	e tax 20 Locality name	
			Dono	when and of the a Trace	Parime Internal Payanus Carrie	
Form W-2 Wage and Tax St	atement REIS	SUED STATEMENT		intilient of the free	asury – Internal Revenue Service	
a Employee's social security number	Copy C For Employ This information is being furnished penalty or other sanction may be in	to the IRS. If you ar	e required to file a to	ax return, a negligence		
c Employer's name, address, and ZIP code						
STATE OF MARYLAND CENTRAL PAYROLL BUREAU		1 Wages, tips, other compensation 3 Social security wages		Federal income tax withheld Social security tax withheld		
P.O. BOX 2396 ANNAPOLIS, MD 21404-2396		5 Medicare wages and tips 7 Social security tips	8 Allocated tips	6 Medicare tax wi	ithheld	
S.S.# 69-0520001L d Control number						
e Employee's first name and initial, last name and suffix f Employee's address and ZIP code		10 Dependent care benefits 12b Code	11 Nonqualified p	olans	12a Code See Inst. for box 12	
		13 Statutory employee	14 Other			
45.00	140.0	Retirement plan Third-party sick pay		40	100:	
15 State Employer's state ID number	16 State wages, tips, etc. 17	State income tax 18 Loca	l wages, tips, etc.	19 Local income	e tax 20 Locality name	