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 FEDERA	AL Tax Retu	<u>rn</u> I	
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 wit	thheld
S.S.# 69-0520001L		7 Social security tips	8 Allocated tips		9
d Control number		10 Dependent care benefits	11 Nonqualified p	lans	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 Local	wages, tips, etc.	19 Local income	tax 20 Locality name
Form W-2 Wage and Tax St This information is being furnished to the Inte	ratement REI	SSUED STATEMENT	Depa	rtment of the Trea	sury – Internal Revenue Service
a Employee's social security number b Employer identification number Copy 2 To Be Filed With Employee's State, City, or Local Tax Return					
C Employer's name, address, and ZIP code STATE OF MARYLAND CENTRAL PAYPOLL 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	lans	12a Code See Inst. for box 12
e Employee's first name and initial, last name and suffix		12b Code 12c Code		12d Code	
f Employee's address and ZIP code		Statutory employee Retirement plan Third-party sick pay	14 Other		
15 State Employer's state ID number	16 State wages, tips, etc. 17		wages, tips, etc.	19 Local income	tax 20 Locality name
			D		la de la completa della completa del
Form W-2 Wage and Tax St	atement REIS	SUED STATEMENT		rtment of the Trea	sury – Internal Revenue Service
a Employee's social security number	Copy C For Employe This information is being furnished penalty or other sanction may be im	to the IRS. If you ar	e required to file a ta	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 withheld 9	
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	lans	12a Code See Inst. for box 12
		13 Statutory employee	14 Other		
45.0	140 200	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 Local	wages, tips, etc.	19 Local income	tax 20 Locality name