

<b>a</b> Employee's social security number		<b>b</b> Employer identification number		<b>Copy B To Be Filed With Employee's FEDERAL Tax Return</b>		OMB No. 1545-0008					
<b>c</b> Employer's name, address, and ZIP code <b>STATE OF MARYLAND CENTRAL PAYROLL BUREAU P.O. BOX 2396 ANNAPOLIS, MD 21404-2396 S.S.# 69-0520001L</b>						<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld			
				<b>3</b> Social security wages		<b>4</b> Social security tax withheld					
				<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld					
				<b>7</b> Social security tips		<b>8</b> Allocated tips		<b>9</b>			
<b>d</b> Control number				<b>10</b> Dependent care benefits		<b>11</b> Nonqualified plans		<b>12a</b> Code See Inst. for box 12			
<b>e</b> Employee's first name and initial, last name and suffix <b>f</b> Employee's address and ZIP code				<b>12b</b> Code		<b>12c</b> Code		<b>12d</b> Code			
				<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>14</b> Other					
<b>15</b> State Employer's state ID number		<b>16</b> State wages, tips, etc.		<b>17</b> State income tax		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax		<b>20</b> Locality name	
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**Form W-2 Wage and Tax Statement** **REISSUED STATEMENT** Department of the Treasury – Internal Revenue Service  
This information is being furnished to the Internal Revenue Service.

<b>a</b> Employee's social security number		<b>b</b> Employer identification number		<b>Copy 2 To Be Filed With Employee's State, City, or Local Tax Return</b>		OMB No. 1545-0008					
<b>c</b> Employer's name, address, and ZIP code <b>STATE OF MARYLAND CENTRAL PAYROLL BUREAU P.O. BOX 2396 ANNAPOLIS, MD 21404-2396 S.S.# 69-0520001L</b>						<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld			
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<b>e</b> Employee's first name and initial, last name and suffix <b>f</b> Employee's address and ZIP code				<b>12b</b> Code		<b>12c</b> Code		<b>12d</b> Code			
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<b>15</b> State Employer's state ID number		<b>16</b> State wages, tips, etc.		<b>17</b> State income tax		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax		<b>20</b> Locality name	
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**Form W-2 Wage and Tax Statement** **REISSUED STATEMENT** Department of the Treasury – Internal Revenue Service

<b>a</b> Employee's social security number		<b>b</b> Employer identification number		<b>Copy C For Employee's Record</b> (See Notice on Back of Copy "B")		OMB No. 1545-0008					
<b>c</b> Employer's name, address, and ZIP code <b>STATE OF MARYLAND CENTRAL PAYROLL BUREAU P.O. BOX 2396 ANNAPOLIS, MD 21404-2396 S.S.# 69-0520001L</b>						<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld			
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