| Copy B-To Be Filed Federal Tax Return |). | Employee's | | 41-0852411 OMB No. 1545-0008 |
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| a Employee's soc. sec. r | no. | 1 Wages, tips, oth 19 | ner comp. 9312.50 | 2 Federal income tax withhele 4084.70 |
| 016-63-1597 | | 3 Social security | wages | 4 Social security tax withheld |
| b Employer ID number (| EIN) | 5 Medicare wage | s and tips | 6 Medicare tax withheld |
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| 15 State Employer's state 18 Local wages, tips, etc | | mber 116 State wa 19 Local income | | 17 State income tax 20 Locality name |
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| Form W-2 Wage and Ta This information is being DAA | x State furnish | ment ed to the Internal F | 2017 Revenue Servio | Dept. of the Treasury IR: ce. |
| Copy C-For EMPLO | YEE' | S RECORDS (S | | Dept. of the Treasury IRS ce. 41-0852411 |
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| 13 Statutory employee | 14 Othe | r | 12b Code |
| Retirement plan | | | 12c Code |
| Third-party sick pay | | | 12d Code |
| 15 State Employer's state 18 Local wages, tips, etc | | nber 116 State wages, tips, etc. 19 Local income tax | 17 State income tax 20 Locality name |
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| 15 State Employer's state ID nu | mber 16 State wages, tips, etc. | 17 State income tax |
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