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b Employer ID number	3 Social securit	wages	4 Social security tax withheld	b Employer ID number	3 Sc	ocial security wa	iges	4 Social security tax wit	iheld
	5 Medicare wag	es and tips	6 Medicare tax withheld		5 Me	edicare wages a	and tips	6 Medicare tax withheld	
c Employer's name, address,	and ZIP code			c Employer's name, addre	ess, and Z	IP code			
d Employee's social security i	number			d Employee's social secu	ity numbe	er			
e Employee's name, address,	and ZIP code			e Employee's name, addr	ess, and Z	ZIP code			
7 Social security tips 8 Allocated tips		9 Advance EIC payment	7 Social security tips 8 Allocated tips		s	9 Advance EIC paym	ent		
10 Dependent care benefits	11 Nonqu	alified plans		10 Dependent care benef	its	11 Nonqualifie	ed plans		
12a		13 Stat. Emp.	Ret. plan 3rd-party sick pay	12a	I		13 Stat. Emp.	Ret. plan 3rd-pa	ty sick pay
12b		14 Other		12b			14 Other		
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	15 State Employer's State ID# 16 State wages 18 Local wages, tips, etc. 19 Local income		17 State income tax 20 Locality name	15 State Employer's State ID # 18 Local wages, tips, etc.		16 State wages, tips, etc. 19 Local income tax		17 State income tax 20 Locality name	
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OMB No. 1545-0008

2 Federal income tax withheld

Copy B To Be Filed With Employee's Federal Tax Return

1 Wages, tips, other comp.

a Control number

19 Local income tax

18 Local wages, tips, etc.

Copy A To Be Filed With Employee's Federal Tax Return

1 Wages, tips, other comp.

a Control number

20 Locality name

19 Local income tax

18 Local wages, tips, etc.

20 Locality name

OMB No. 1545-0008

2 Federal income tax withheld