

Copy A To Be Filed With Employee's Federal Tax Return			OMB No. 1545-0008
a Control number	1 Wages, tips, other comp.	2 Federal income tax withheld	
b Employer ID number	3 Social security wages	4 Social security tax withheld	
	5 Medicare wages and tips	6 Medicare tax withheld	
c Employer's name, address, and ZIP code			
d Employee's social security number			
e Employee's name, address, and ZIP code			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans		
12a	13 Stat. Emp. Ret. plan		3rd-party sick pay
12b	14 Other		
12c			
12d			
15 State Employer's State ID #	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 Statement**  
This information is being furnished to the Internal Revenue Service Dept. of the Treasury - IRS

Copy B To Be Filed With Employee's Federal Tax Return			OMB No. 1545-0008
a Control number	1 Wages, tips, other comp.	2 Federal income tax withheld	
b Employer ID number	3 Social security wages	4 Social security tax withheld	
	5 Medicare wages and tips	6 Medicare tax withheld	
c Employer's name, address, and ZIP code			
d Employee's social security number			
e Employee's name, address, and ZIP code			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans		
12a	13 Stat. Emp. Ret. plan		3rd-party sick pay
12b	14 Other		
12c			
12d			
15 State Employer's State ID #	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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a Control number	1 Wages, tips, other comp.	2 Federal income tax withheld	
b Employer ID number	3 Social security wages	4 Social security tax withheld	
	5 Medicare wages and tips	6 Medicare tax withheld	
c Employer's name, address, and ZIP code			
d Employee's social security number			
e Employee's name, address, and ZIP code			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans		
12a	13 Stat. Emp. Ret. plan		3rd-party sick pay
12b	14 Other		
12c			
12d			
15 State Employer's State ID #	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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Copy D To Be Filed With Employee's Federal Tax Return			OMB No. 1545-0008
a Control number	1 Wages, tips, other comp.	2 Federal income tax withheld	
b Employer ID number	3 Social security wages	4 Social security tax withheld	
	5 Medicare wages and tips	6 Medicare tax withheld	
c Employer's name, address, and ZIP code			
d Employee's social security number			
e Employee's name, address, and ZIP code			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans		
12a	13 Stat. Emp. Ret. plan		3rd-party sick pay
12b	14 Other		
12c			
12d			
15 State Employer's State ID #	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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