

a Employee's social security number

OMB No. 1545-0008

Visit the IRS website at [www.irs.gov/efile](http://www.irs.gov/efile)

|  |                            |   |                     |                                 |                     |                  |
|--|----------------------------|---|---------------------|---------------------------------|---------------------|------------------|
| b Employer identification number (EIN)   |                            | 1 Wages, tips, other compensation   |                     | 2 Federal income tax withheld   |                     |                  |
| c Employer's name, address, and ZIP code |                            | 3 Social security wages   |                     | 4 Social security tax withheld  |                     |                  |
|  |                            | 5 Medicare wages and tips   |                     | 6 Medicare tax withheld         |                     |                  |
|  |                            | 7 Social security tips  |                     | 8 Allocated tips                |                     |                  |
| d Control number                         |                            | 9   |                     | 10 Dependent care benefits      |                     |                  |
| e Employee's name, address, and ZIP code |                            | 11 Nonqualified plans   |                     | 12a See instructions for box 12 |                     |                  |
|  |                            | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> |                     | 12b                             |                     |                  |
|  |                            | 14 Other  |                     | 12c                             |                     |                  |
|  |                            |   |                     | 12d                             |                     |                  |
| 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 Statement

Copy-B