WAGE AND TAX STATEMENT

A EMPLOYEE'S SOCIAL SECURITY NUMBER

1 WAGES, TIPS, OTHER COMPENSATION

B EMPLOYER IDENTIFICATION NUMBER (EIN)

2 FEDERAL INCOME TAX WITHHELD

C EMPLOYER'S NAME, ADDRESS, AND ZIP CODE

3 SOCIAL SECURITY WAGES

D CONTROL NUMBER

4 SOCIAL SECURITY TAX WITHHELD

5 MEDICARE WAGES AND TIPS

E EMPLOYEE'S FIRST NAME AND INITIAL | LAST NAME

6 MEDICARE TAX WITHHELD

F EMPLOYEE'S ADDRESS AND ZIP CODE

7 SOCIAL SECURITY TIPS

8 ALLOCATED TIPS

9 VERIFICATION CODE

10 DEPENDENT CARE BENEFITS

11 NONQUALIFIED PLANS

13 CHECKBOXES

☐ Statutory employee

☐ Retirement plan

☐ Third-party sick pay

14 OTHER

12 SEE INSTRUCTIONS FOR BOX 12

12A

12B

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