WAGE AND TAX STATEMENT

Form W-2

TAX YEAR

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

4 SOCIAL SECURITY TAX WITHHELD

D CONTROL NUMBER

5 MEDICARE WAGES AND TIPS

6 MEDICARE TAX WITHHELD

E EMPLOYEE'S FIRST NAME AND INITIAL, LAST NAME

7 SOCIAL SECURITY TIPS

8 ALLOCATED TIPS

F EMPLOYEE'S ADDRESS AND ZIP CODE

9 VERIFICATION CODE

10 DEPENDENT CARE BENEFITS

11 NONQUALIFIED PLANS

12A SEE INSTRUCTIONS FOR BOX 12

13 CHECKBOXES

- [ ] Statutory employee
- [ ] Retirement plan
- [ ] Third-party sick pay

12B CODE

12C CODE

12D CODE

14 OTHER

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

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