Form W-2 Wage and Tax Statement

A CONTROL NUMBER	
VOID ☐	
ESTABLISHMENT NUMBER	
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	
D EMPLOYEE'S SOCIAL SECURITY NUMBER	
7 SOCIAL SECURITY TIPS	
8 ALLOCATED TIPS	
E EMPLOYEE'S FIRST NAME AND INITIAL, LAST NAME	
9 VERIFICATION CODE	
10 DEPENDENT CARE BENEFITS	
F EMPLOYEE'S ADDRESS AND ZIP CODE	
11 NONQUALIFIED PLANS	
12A SEE INSTRUCTIONS FOR BOX 12	
STATUTORY EMPLOYEE ☐	
RETIREMENT PLAN ☐	13 STATUTORY / RETIREMENT / SICK PAY (SEE BOX 13 ABOVE)
THIRD-PARTY SICK PAY ☐	12C 12D
14 OTHER	
12B	
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	