	a Employee	's social security number	OMB No. 154	5-0008	Safe, accurate, FAST! Use	≁ file	Visit the IRS website at www.irs.gov/efile
<b>b</b> Employer identification number (EIN)				1 Wa	ges, 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 Me	edicare wages and tips	6 Medicar	re tax withheld
				<b>7</b> So	cial security tips	8 Allocate	ed tips
d Control number				9		10 Depend	lent care benefits
e Employee's first name and initial Last name Suff.				C d e		structions for box 12	
				13 Stat	tutory Retirement Third-party plan sick pay	12b	
				14 Oth	ier	12c	
						12d	
f Employee's address and ZIP cod	de						
15 State Employer's state ID numb	ber	16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local incor	me tax <b>20</b> Locality name

## Form **W-2** Wage and Tax Statement

Copy B—To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

Department of the Treasury-Internal Revenue Service