	a Employee's social security number XXX-XX-XXX	OMB No. 1545-0029	**Safe, accurate, FAST! Use** IRS e-file Visit the IRS website at ***www.irs.gov/efile***.
b Employer identification number (EIN) XX-XXXXXXX		**1** Wages, tips, other compensation 6,000.00	**2** Federal income tax withheld 600.00
c Employer's name, address, and ZIP code HARFORD UNIVERSITY 221 CAMBRIDGE DR. YOUR TOWN, YS XXXXX		**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
		11 Nonqualified plans	
e Employee's first name and initial / Last name / Suff. BEN HOPF 20 CENTER AVE YOUR CITY, YS XXXXX		**13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12a** See instructions for box 12 Code
		14a Other	**12b** Code
			12c Code
			12d Code
f Employee's address and ZIP code		**14b** Treasury Tipped Occupation Code(s)	

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
YS	XX-XXXXXXX	6,000.00	450.00			

Form W-2 Wage and Tax Statement 2026 Department of the Treasury—Internal Revenue Service

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