

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased ☐ Spouse

☐ Other

Your first name and middle initial
WEI

Last name
WANG

Your identifying number (see instructions)
987-00-1234

Home address (number and street). If you have a P.O. box, see instructions.
345 CITY RD

Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below.
ONEONTA

State
NY

ZIP code
13820

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status
Check only one box.

☒ Single ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS) ☐ Estate ☐ Trust

If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets

At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Dependents
(see instructions)

If more than four dependents, see instructions and check here ☐

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) Identifying number				
(4) Relationship				
(5) Check if lived with you more than half of 2025	☐ Yes	☐ Yes	☐ Yes	☐ Yes
(6) Credits	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

Income Effectively Connected With U.S. Trade or Business

Attach Form(s) W-2, 1042-S, SSA-1042-S, RRB-1042-S, and 8288-A here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 31	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions). Enter type and amount: _____	1h	
i	Reserved for future use	1i	
j	Reserved for future use	1j	
k	Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)	1k	5000
z	Add lines 1a through 1h	1z	
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
c	Check if your child's dividends are included in 1 ☐ Line 3a	2 ☐ Line 3b	
4a	IRA distributions	4a	
c	Check if (see instructions) 1 ☐ Rollover	2 ☐ QCD 3 ☐	
5a	Pensions and annuities	5a	
c	Check if (see instructions) 1 ☐ Rollover	2 ☐ PSO 3 ☐	
6	Reserved for future use	6	
7a	Capital gain or (loss). Attach Schedule D if required	7a	
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)		
8	Additional income from Schedule 1 (Form 1040), line 10	8	2000
9	Add lines 1z, 2b, 3b, 4b, 5b, 7a, and 8. This is your total effectively connected income	9	2000
10	Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income	10	
11a	Subtract line 10 from line 9. This is your adjusted gross income	11a	2000

Tax and Credits	11b	Amount from line 11a (adjusted gross income)	11b	2000
	12	Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions)	12	300
	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	
	b	Exemptions for estates and trusts only (see instructions)	13b	
	c	Additional deductions from Schedule 1-A, line 38	13c	
	14	Add lines 12 through 13c	14	300
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15	1700
	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	171
	17	Amount from Schedule 2 (Form 1040), line 3	17	
	18	Add lines 16 and 17	18	171
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)	19	
	20	Amount from Schedule 3 (Form 1040), line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	171
	23a	Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15	23a	75
	b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21	23b	
	c	Transportation tax (see instructions)	23c	
	d	Add lines 23a through 23c	23d	75
	24	Add lines 22 and 23d. This is your total tax	24	246
Payments and Refundable Credits	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	400
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	400
	e	Form(s) 8805	25e	
	f	Form(s) 8288-A	25f	
	g	Form(s) 1042-S	25g	300
	26	2025 estimated tax payments and amount applied from 2024 return	26	
	27	Reserved for future use	27	
	28	Additional child tax credit (ACTC) from Schedule 8812 (Form 1040). If you do not want to claim the ACTC, check here ☐	28	
	29	Credit for amount paid with Form 1040-C	29	
	30	Refundable adoption credit from Form 8839, line 13	30	
	31	Amount from Schedule 3 (Form 1040), line 15	31	
	32	Add lines 28, 29, 30, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments	33	700
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	454
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	454
	b	Routing number 0 2 1 3 0 3 6 1 8 c Type: ☒ Checking ☐ Savings		
	d	Account number 1 2 3 4 5 6 7 8		
	e	If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.		
	36	Amount of line 34 you want applied to your 2026 estimated tax	36	
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions. ☐ Yes . Complete below. ☒ No			
	Designee's name		Phone no.	Personal identification number (PIN)
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature		Date	Your occupation
			05/15/26	FULL TIME STUDENT
	Phone no. (607) 431-4338		Email address	luol2@hartwick.edu
Paid Preparer Use Only	Preparer's name		Preparer's signature	Date
				05/15/26
	Firm's name PRACTICE LAB		PTIN S12345678	Check if: ☐ Self-employed
	Firm's address 15 PRACTICE LAB WAY WASHINGTON DC 20005			Phone no. 202-202-2022
				Firm's EIN

SCHEDULE A
(Form 1040-NR)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see instructions for line 7.

OMB No. 1545-0074

2025
Attachment
Sequence No. **7A**

Name shown on Form 1040-NR

Your identifying number

WEI WANG

987-00-1234

Taxes You Paid

1a	State and local income taxes	1a	300	
b	Enter the smaller of line 1a or \$40,000 (\$20,000 if married filing separately). If Form 1040-NR, line 11b is more than \$500,000 (\$250,000 if married filing separately), see instructions	1b	300	

Gifts to U.S. Charities

Caution: If you made a gift and got a benefit for it, see instructions.

2	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	2		
3	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	3		
4	Carryover from prior year	4		
5	Add lines 2 through 4	5		

Casualty and Theft Losses

6	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	6		
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Other Itemized Deductions

7	Other—from list in instructions. List type and amount: ----- ----- ----- ----- ----- ----- ----- ----- -----	7		
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Total Itemized Deductions

8	Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on Form 1040-NR, line 12	8	300	
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

Schedule A (Form 1040-NR) 2025 Created 12/19/25

QNA

Enter amount of income under the appropriate rate of tax. See instructions.

Nature of Income		(a) 10%	(b) 15%	(c) 30%	(d) Other (specify)	
					%	%
1	Dividends and dividend equivalents:					
a	Dividends paid by U.S. corporations	1a				
b	Dividends paid by foreign corporations	1b				
c	Dividend equivalent payments received with respect to section 871(m) transactions	1c				
2	Interest:					
a	Mortgage	2a				
b	Paid by foreign corporations	2b				
c	Other	2c				
3	Industrial royalties (patents, trademarks, etc.)	3				
4	Motion picture or TV copyright royalties	4				
5	Other royalties (copyrights, recording, publishing, etc.)	5				
6	Real property income and natural resources royalties	6				
7	Pensions and annuities	7				
8	Social security benefits	8				
9	Capital gain from line 18 below	9		250		
10	Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-.					
a	Winnings _____					
b	Losses _____	10c				
11	Gambling—Residents of countries other than Canada. Note: Enter winnings only. Losses aren't allowed	11				
12	Other (specify): _____					
		12				
13	Add lines 1a through 12 in columns (a) through (d)	13		250		
14	Multiply line 13 by rate of tax at top of each column	14		75		
15	Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a	15				75

Capital Gains and Losses From Sales or Exchanges of Property								
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both.	16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired mm/dd/yyyy	(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).
	10	SHARES -	12/01/2023	08/05/2025	1800	1550		250
	17	Add columns (f) and (g) of line 16					17 (	) 250
	18	Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-						18 250

SCHEDULE OI
(Form 1040-NR)

Department of the Treasury
Internal Revenue Service

Other Information

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Answer all questions.

OMB No. 1545-0074

2025
Attachment
Sequence No. 7C

Name shown on Form 1040-NR

Your identifying number

WEI WANG

987-00-1234

- A** Of what country or countries were you a citizen or national during the tax year? CHINA
- B** In what country did you claim residence for tax purposes during the tax year? CHINA
- C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States? ☐ Yes ☒ No
- D** Were you ever:
1. A U.S. citizen? ☐ Yes ☒ No
2. A green card holder (lawful permanent resident) of the United States? ☐ Yes ☒ No
- If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.
- E** If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. immigration status on the last day of the tax year. F1
- F** Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? ☐ Yes ☒ No
- If you answered "Yes," indicate the date and nature of the change: _____
- G** List all dates you entered and left the United States during 2025. See instructions.
- Note:** If you're a resident of Canada or Mexico **AND** commute to work in the United States at frequent intervals, check the box for Canada or Mexico and skip to item H. ☐ Canada ☐ Mexico

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy
08/01/2023	05/07/2025
07/31/2025	12/31/2025
/ /	/ /
/ /	/ /

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy
/ /	/ /
/ /	/ /
/ /	/ /
/ /	/ /

- H** Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2023 153, 2024 366, and 2025 281.
- I** Did you file a U.S. income tax return for any prior year? ☐ Yes ☒ No
- If "Yes," give the latest year and form number you filed: _____
- J** Are you filing a return for a trust? ☐ Yes ☒ No
- If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? ☐ Yes ☒ No
- K** Did you receive total compensation of \$250,000 or more during the tax year? ☐ Yes ☒ No
- If "Yes," did you use an alternative method to determine the source of this compensation? ☐ Yes ☒ No
- L** Income Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.
1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

(a) Country	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year
CHINA	20(C)	11	5000

(e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 5000

2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? ☐ Yes ☒ No
3. Are you claiming treaty benefits pursuant to a Competent Authority determination? ☐ Yes ☒ No
- If "Yes," attach a copy of the Competent Authority determination letter to your return.
- M** Check the applicable box if:
1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions. ☐
2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions. ☐

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

WEI WANG

987-00-1234

For 2025, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid:	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	2000
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount: _____ _____	8z	
9	Total other income. Add lines 8a through 8z	9	2000
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	2000

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____ _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	

9876543210 UNIQUE FORM IDENTIFIER

☐ AMENDED

☐ AMENDMENT NO.

1 Income code 20	2 Gross income 3000	3 Chapter indicator. Enter "3" or "4" 3	13d City or town, state or province, country, ZIP or foreign postal code ONEONTA NY 13820										
		3a Exemption code 0	4a Exemption code		13e Recipient's U.S. TIN, if any 987-00-1234								
		3b Tax rate 0.1000	4b Tax rate		13f Ch. 3 status code 16								
5 Withholding allowance			13g Ch. 4 status code										
6 Net income			13h Recipient's GILN										
7a Federal tax withheld 300			13i Recipient's foreign tax identification number, if any										
7b Check if federal tax withheld was not deposited with the IRS because escrow procedures were applied (see instructions) ☐			13j LOB code										
7c Check if withholding occurred in subsequent year with respect to a partnership interest ☐			13k Recipient's account number										
7d Check if you are a qualified intermediary, withholding foreign partnership, or withholding foreign trust revising its reporting on Form 1042-S to report to a specific recipient ☐			13l Recipient's date of birth (YYYYMMDD) <table><tr><td>2</td><td>0</td><td>0</td><td>4</td><td>0</td><td>6</td><td>0</td><td>1</td></tr></table>			2	0	0	4	0	6	0	1
2	0	0	4	0	6	0	1						
8 Tax withheld by other agents			14a Primary withholding agent's name (if applicable)										
9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions) ()			14b Primary withholding agent's EIN										
10 Total withholding credit (combine boxes 7a, 8, and 9) 300			15 Check if pro-rata basis reporting ☐										
11 Tax paid by withholding agent (amounts not withheld) (see instructions)			15a Intermediary or flow-through entity's EIN, if any										
12a Withholding agent's EIN		12b Ch. 3 status code 41	12c Ch. 4 status code 2		15b Ch. 3 status code								
12d Withholding agent's name BROAD UNIVERSITY			15c Ch. 4 status code										
12e Withholding agent's global intermediary identification number (GILN)			15d Intermediary or flow-through entity's name										
12f Country code		12g Foreign tax identification number, if any											
12h Address (number and street) 100 COLLEGE AVENUE			15e Intermediary or flow-through entity's GILN										
12i City or town, state or province, country, ZIP or foreign postal code ONEONTA NY 13820			15f Country code										
13a Recipient's name WEI WANG		13b Recipient's country code											
13c Address (number and street) 345 CITY RD			15g Foreign tax identification number, if any										
			15h Address (number and street)										
			15i City or town, state or province, country, ZIP or foreign postal code										
			16a Payer's name										
			16b Payer's TIN										
			16c Payer's GILN										
			16d Ch. 3 status code										
			16e Ch. 4 status code										
			17a State income tax withheld 0										
			17b Payer's state tax no.										
			17c Name of state										

QNA

		a Employee's social security number 987-00-1234		OMB No. 1545-0008			
b Employer identification number (EIN) 12-3456789			1 Wages, tips, other compensation 4000		2 Federal income tax withheld 400		
c Employer's name, address, and ZIP code UNIVERSITY BOOKSTORE PO BOX 4567 ONEONTA NY 13820			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		
e Employee's first name and initial WEI 345 CITY RD ONEONTA NY 13820			Last name WANG		Suff.		
			11 Nonqualified plans		12a C o d e		
			13 Statutory employee ☐		Retirement plan ☐	Third-party sick pay ☐	12b C o d e
			14 Other		12c C o d e		
f Employee's address and ZIP code					12d C o d e		
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	
NY	1234567890	4000	300				

		a Employee's social security number 987-00-1234		OMB No. 1545-0008			
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		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial WEI 345 CITY RD ONEONTA NY 13820			Last name WANG		Suff.		
			11 Nonqualified plans		12a C o d e		
			13 Statutory employee ☐		Retirement plan ☐	Third-party sick pay ☐	12b C o d e
			14 Other		12c C o d e		
f Employee's address and ZIP code					12d C o d e		
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	
NY	1234567890	4000	300				