OMB No. 1545-0008 — Department of the Treasury—Internal Revenue Service

1 Wages, tips, other compensation | 2 Federal income tax withheld
3 Social security wages | 4 Social security tax withheld
5 Medicare wages and tips | 6 Medicare tax withheld
c Employer's name, address, and ZIP code

7 Social security tips | 8 Allocated tips | 9 Advance EIC payment
10 Dependent care benefits | 11 Nonqualified plans | 12a
12b | 12c | 12d
b Employer identification number (EIN) | e Employer's social security number
13 Statutory employee | Retirement plan | Third-party sick pay | 14 Other
a Employee's name, address, and ZIP code

Form **W-2** **Wage and Tax Statement** **20XX**

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

Copy 2 - To Be Filed With Employer's State, City, or Local Income Tax Return.

OMB No. 1545-0008 — Department of the Treasury—Internal Revenue Service

1 Wages, tips, other compensation | 2 Federal income tax withheld
3 Social security wages | 4 Social security tax withheld
5 Medicare wages and tips | 6 Medicare tax withheld
c Employer's name, address, and ZIP code

7 Social security tips | 8 Allocated tips | 9 Advance EIC payment
10 Dependent care benefits | 11 Nonqualified plans | 12a
12b | 12c | 12d
b Employer identification number (EIN) | e Employer's social security number
13 Statutory employee | Retirement plan | Third-party sick pay | 14 Other
a Employee's name, address, and ZIP code

Form **W-2** **Wage and Tax Statement** **20XX**

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

Copy 2 - To Be Filed With Employer's State, City, or Local Income Tax Return.

OMB No. 1545-0008 — Department of the Treasury—Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

1 Wages, tips, other compensation | 2 Federal income tax withheld
3 Social security wages | 4 Social security tax withheld
5 Medicare wages and tips | 6 Medicare tax withheld
c Employer's name, address, and ZIP code

7 Social security tips | 8 Allocated tips | 9 Advance EIC payment
10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12
12b | 12c | 12d
b Employer identification number (EIN) | e Employer's social security number
13 Statutory employee | Retirement plan | Third-party sick pay | 14 Other
a Employee's name, address, and ZIP code

Form **W-2** **Wage and Tax Statement** **20XX**

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

Copy B - To Be Filed With Employer's FEDERAL Tax Return.

OMB No. 1545-0008 — Department of the Treasury—Internal Revenue Service

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

1 Wages, tips, other compensation | 2 Federal income tax withheld
3 Social security wages | 4 Social security tax withheld
5 Medicare wages and tips | 6 Medicare tax withheld
c Employer's name, address, and ZIP code

7 Social security tips | 8 Allocated tips | 9 Advance EIC payment
10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12
12b | 12c | 12d
b Employer identification number (EIN) | e Employer's social security number
13 Statutory employee | Retirement plan | Third-party sick pay | 14 Other
a Employee's name, address, and ZIP code

Form **W-2** **Wage and Tax Statement** **20XX**

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

Copy C - For EMPLOYEE'S RECORDS. (See Notice to Employee on the back of Copy B.)