

22222		Void <input type="checkbox"/>	a Employee's social security number	For Official Use Only ► OMB No. 1545-0008		
b Employer identification number			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		Last name	Suff	11 Nonqualified plans		12a See instructions for box 12
f Employee's address and ZIP code			13 Statutory employee Retirement plan Third-party sick pay		12b	
			14 Other		12c	
					12d	
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

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

Copy A For Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

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Black-and-White Form W-2 (Revised 10/21)