

d Control number		1 Wages, tips, other compensation	2 Federal income tax withheld
OMB NO. 1545-0008		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
10 Dependent care benefits		11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d	
b Employer identification number (EIN)		a Employee's social security number	
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
e Employee's name, address and ZIP code			
<small>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.</small>			
20XX		15 State Employer's state ID No.	16 State wages, tips, etc.
Form W-2 Wage and Tax Statement		17 State income tax	18 Local wages, tips, etc.
Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B).		19 Local income tax	20 Locality name

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20XX		15 State Employer's state ID No.	16 State wages, tips, etc.
Form W-2 Wage and Tax Statement		17 State income tax	18 Local wages, tips, etc.
Copy B-To Be Filed With Employee's FEDERAL Tax return		19 Local income tax	20 Locality name

Department of the Treasury—Internal Revenue Service

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Form W-2 Wage and Tax Statement		17 State income tax	18 Local wages, tips, etc.
Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.		19 Local income tax	20 Locality name

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OMB NO. 1545-0008		3 Social security wages	4 Social security tax withheld
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Department of the Treasury—Internal Revenue Service

10-1/2"

FROM:

Important Tax Document Enclosed

First-Class Mail

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

★ 42777

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