

1A/L1
1B/L2

| | | | | | | |
|--|----------------------------|-------------------------------|---|----------------------------|--|---------------------------------|
| 22222 | | Void <input type="checkbox"/> | a Employee's social security number | | For Official Use Only ▶ 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 | | Last name | Suff. | 11 Nonqualified plans | | 12a See instructions for box 12 |
| f Employee's address and ZIP code | | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 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** 36-1004130 **2019** Department of the Treasury—Internal Revenue Service
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