55555	a Employee's social security number SSN	OMB No. 1545-00	008		
b Employer identification number (E	IN)	1	Wages, tips, other compensation	2 Federal income tax withheld	Π
EIN			#	;	#
c Employer's name, address, and ZIP code			Social security wages	4 Social security tax withheld	_
Company Name			#		#
Company Street Address	Pho	ne Num # 5	Medicare wages and tips	6 Medicare tax withheld	
			#		#
City	State Zip # Count	trv v 7	Social security tips	8 Allocated tips	
	- in	,	#		#
d Control number		9	Verification code	10 Dependent care benefits	
					#
e Employee's first name and initial	Last name	Suff. 11	Nonqualified plans	12a	
First Name	Last Name	- 10	Statutory Retirement Third-party	0	#
Street Address	Ph	one Num #	employee plan sick pay	12b	
				0	#
City	State Zip # Cour		Other	12c	
City	otate 21p # Cour	ci y		12d	#
				C	
f Employee's address and ZIP code				9	#
15 State Employer's state ID numl		17 State income ta	x 18 Local wages, tips, etc. 1	9 Local income tax 20 Locality nan	200
I complete a state to mani-	Jointo Wages, tipo, etc.	17 State income ta	# # #	# Local Income tax	ic
			**	**	

W-2 Wage and Tax Statement

2017

Department of the Treasury-Internal Revenue Service

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