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a Control number	b Employ	yer identification number		Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008						
c Employer's name, address, and ZIP code		1 Wages, tips, other	oneatio	20	2 Fodoral incom	2 Federal income tax withheld				
		3 Social security was		ensan	וונ	4 Social security				
				5 Medicare wages at 7 Social security tips	nd tips	3	9 Allocated tin	6 Medicare tax		
				7 Social security lips			8 Allocated tip	08	9 Advance EIC payment	
d Employee's social security	number			10 Dependent care benefits		11 Nonqualified	l plans	12a Code See inst. for box 12		
e Employee's name, address	s, and ZIP c	ode		12b Code		120 0000		120 0	ode	
				13 14 Other			14 Other			
				Statutory employee						
			Retirement plan							
15 State Employer's state ID	number	16 State wages, tips, etc.	17	Third-party sick pay State income tax	18 L	.ocal w	ages, tips, etc.	19 Local income	e tax	20 Locality name
Form W-2 Wage and This information is being furni	Tax Stat	ement 2004 Internal Revenue Service).				Depar	tment of the Trea	asury—	-Internal Revenue Service 39-1908647 ———
a Control number	Control number b Employer identification number Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.						OMB No. 1545-0008			
c Employer's name, address	, and ZIP co	ode								
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d Employee's social security	number									
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e Employee's name, address, and ZIP code		13		44 Othor						
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			Statutory employee Retirement plan	-	<u></u>					
				Third-party sick pay	H	\dashv				
15 State Employer's state ID	number	16 State wages, tips, etc.	17		18 L	ocal w	ages, tips, etc.	19 Local income	e tax	20 Locality name
- Waga and	Toy Stat	coment 2004					Donar	tmont of the Tree	ocurv.	Internal Povenue Service
Form W-2 Wage and Tax Statement 2004 Department of the Treasury—Internal Revenue Service 39-190864										
a Control number	b Employ	yer identification number		Copy C—For EMI	LO	EE'S	RECORDS. (S	ee Notice to Employee	on back	of Copy B). OMB No. 1545-0008
c Employer's name, address	and ZID as	ada.		penalty or other sand	tion r	nay be	ed to the IRS. If y	you are required to u if this income is to	axable	ax return, a negligence and you fail to report it.
Employers name, address, and zir code			1 Wages, tips, other compensation			on	2 Federal income tax withheld			
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d Employee's social security	number									
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