Control n	copy B-To Be Filed With Employee's FEDERAL Tax Return.			Employer identification number 1		1 W	Wages, tips, other comp.		2 Federal income tax withheld		
Employer's name, address, and ZIP code						Employee's social security number		3 Social security wages		4 Social security tax withheld	
					7 Social security tips 5		5 Me	Medicare wages and tips		Medicare tax withheld	
					8 Allocated tips 9		9 Ac	vance EIC payment	10	Dependent care benefits	
Employee's name, address, and ZIP code					11 Nonqualified plans			12a-12d		13 Statutory	
						14		Code See inst. for box 12		employee Retirement plan Third-party	
45 Out - Furtherst attail Downton - 140 Out in any					toy 40 Local wares tipe ato		sick pay		sick pay		
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income					tax 18 Local wages, tips, etc.		eic.	19 Local Income tax		0 Locality name	
	nation is being furnish										
Control number Copy C-For EMPLOYEE'S RECORDS. (See						39-1908647 entification number	· · · · · · · · · · · · · · · · · · ·		ury Internal Revenue Service Federal income tax withheld		
Notice to Employee on back of Copy B.)								•			
Employer's name, address, and ZIP code								. 0		Social security tax withheld	
					7 Social security tips 5 M		5 Me	1edicare wages and tips 6		Medicare tax withheld	
					8 Allocat	ed tips	9 Ac	Ivance EIC payment	10	Dependent care benefits	
Employee's name, address, and ZIP code					11 Nonqualified plans			12a-12d Code See inst. for box 1.	2	13 Statutory employee	
					14					Retirement plan	
										Third-party sick pay	
15 State	Employer's state II	D number	16 State wages, tips, etc.	17 State income	tax	18 Local wages, tips,	etc.	19 Local income tax	2	20 Locality name	
			you are required to file a tax re								
	/-2 Wage and			MB No. 1545-0008		39-1908647		·	_	y Internal Revenue Service	
Control number Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.					Employer identification number 1			Wages, tips, other comp.		Federal income tax withheld	
Employer's name, address, and ZIP code					Employee's social security number 3		3 So	3 Social security wages		Social security tax withheld	
					7 Social security tips 5 M		5 Me	Medicare wages and tips 6		Medicare tax withheld	
					8 Allocated tips 9 A		9 Ac	Advance EIC payment 10		Dependent care benefits	
Employee's name, address, and ZIP code					11 Nonqualified plans		12a-12d Code		13 Statutory		
					14					employee Retirement plan Third-party sick pay	
15 State	Employer's state II	O number	16 State wages, tips, etc.	17 State income	tax	18 Local wages, tips,	etc.	19 Local income tax	2	0 Locality name	
				1							
orm W-2 Wage and Tax Statement 2004 OMB No. 1545-0008								Department of the Treasury Internal Revenue Service			
Control number Copy 2–To Be Filed With Employee's State, City, or Local Income Tax Return.					Employer identification number 1		1 W	Wages, tips, other comp. 2 Federal income tax withheld		Federal income tax withheld	
Employer's name, address, and ZIP code					Employee's social security number 3		3 So	3 Social security wages		Social security tax withheld	
					7 Social security tips 5		5 Me	5 Medicare wages and tips		6 Medicare tax withheld	
					8 Allocated tips 9		9 Ac	Advance EIC payment 10		Dependent care benefits	
Employee's name, address, and ZIP code						11 Nonqualified plans		12a-12d Code		13 Statutory	
					14			, 5500		employee Retirement plan Third-party	
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	2	sick pay 1 Locality name	

OMB No. 1545-0008

39-1908647

Department of the Treasury -- Internal Revenue Service

Form W-2 Wage and Tax Statement 2004