

a Control number		22222	Void <input type="checkbox"/>		For Official Use Only ▶ OMB No. 1545-0008			
b Employer identification number			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 Employee's social security number			9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name and initial		Last name		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"/>	
			14 Other		12b		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

39-1908647

2004

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