

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 <small>First Name Last Name Suffix</small>			11 Nonqualified plans		12a See instructions for box 12	
			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b
			14 Other			12c
						12d
f Employee's address and ZIP code						
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

SAMPLE - DO NOT PHOTOCOPY THIS FORM
 This is a sample only. You'll need to obtain W2 forms in this format (2 per page) from your local office supply store or for guaranteed compatibility order from Dynamic Systems at 1-800-782-2946 or online at www.ProcareForms.com.

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