email address

a Control number *leave blank if your W-2 has no number	22222	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 Employer's name type employer's street and address here type city here / type state here / zip code here	**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 type your street and address here type city here / type state here / zip code here	**11** Nonqualified plans	**12a** Code
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code
	14 Other	**12c** Code
f Employee's address and ZIP code		**12d** 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

Form **W-2** **Wage and Tax Statement**

Copy 1—For State, City, or Local Tax Department

2007

Department of the Treasury—Internal Revenue Service

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