| | a Employee's social security number | 1 | | | |
|---|---|---------------|---------------------------------|--|---------------------------------|
| | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | OMB No. 1545- | -000 | 3 | |
| b Employer identification number (EIN) | | 1 | Wages, tips, other compensation | 2 Guam 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 |
| d Control number | | | 9 | | 10 |
| e Employee's first name and initial | Last name | Suff. | 11 | | 12a See instructions for box 12 |
| | | | 13 | Statutory employee Plan Third-party sick pay | 12b C d e |
| | | | 14 | Other | 12c |
| f Employee's address and ZIP code | | | | | 12d |
| | | | | | |
| | | | | | |
| | | | | | |

Form W-2GU Guam
Wage and Tax Statement
Copy B - To Be Filed With Employee's Guam Tax Return

2020

Department of the Treasury--Internal Revenue Service

This information is being furnished to the Guam Department of Revenue and Taxation.

EEA