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|---|-----------|--|---|---------------------------------------|--|
| | | a Employee's social security number | | OMB No. 1545-0008 | |
| 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 Nonqualified plans | | 12a See instructions for box 12 |
| | | | 13 Statutory employee Retirement plan Third-party sick pay | | 12b |
| | | | 14 Other | | 12c |
| | | | | | 12d |
| f Employee's address and ZIP code | | | | | |
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