

		<b>a</b> Employee's social security number		OMB No. 1545-0008		<b>Safe, accurate, FAST! Use</b>		<i>IRS e-file</i>		Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>			
<b>b</b> Employer identification number (EIN)				<b>1</b> Wages, tips, other compensation			<b>2</b> Federal income tax withheld						
<b>c</b> Employer's name, address, and ZIP code				<b>3</b> Social security wages			<b>4</b> Social security tax withheld						
				<b>5</b> Medicare wages and tips			<b>6</b> Medicare tax withheld						
				<b>7</b> Social security tips			<b>8</b> Allocated tips						
<b>d</b> Control number				<b>9</b>			<b>10</b> Dependent care benefits						
<b>e</b> Employee's first name and initial		Last name		Suff.		<b>11</b> Nonqualified plans			<b>12a</b> See instructions for box 12				
						<b>13</b> Statutory employee Retirement plan Third-party sick pay			<b>12b</b>				
						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
						<b>14</b> Other			<b>12c</b>				
									<b>12d</b>				
<b>f</b> Employee's address and ZIP code													
<b>15</b> State		Employer's state ID number		<b>16</b> State wages, tips, etc.		<b>17</b> State income tax		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax		<b>20</b> Locality name	

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

**2019**

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.  
This information is being furnished to the Internal Revenue Service.  
EEA