

		<b>a</b> Employee's social security number		OMB No. 1545-0008	
<b>b</b> Employer identification number (EIN)		<b>1</b> Wages, tips, other compensation		<b>2</b> Guam 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>	
<b>d</b> Control number		<b>9</b>		<b>10</b>	
<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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b>	
		<b>14</b> Other		<b>12c</b>	
<b>f</b> Employee's address and ZIP code				<b>12d</b>	

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

**2019**

Department of the Treasury--Internal Revenue Service  
 This information is being furnished to the  
 Guam Department of Revenue and Taxation.