

COPY B To Be filed with employee's Federal Tax Return		2018 OMB No. 1545-0008	
a Employee's SSN 999-99-9999	1 Wages, tips, other comp. 9999999 . 99	2 Federal income tax withheld 9999999 . 99	
b Employer ID number 99-9999999	3 Social security wages 9999999 . 99	4 Social security tax withheld 9999999 . 99	
	5 Medicare wages and tips 9999999 . 99	6 Medicare tax withheld 9999999 . 99	
c Employer's name, address, and ZIP code XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX XX 99999-9999			
d Control number 99999999999			
e Employee's name, address, ZIP code XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX XX 99999-9999			
7 Social security tips 9999999 . 99	8 Allocated tips 9999999 . 99	9 9999999 . 99	
10 Dependent care benefits 9999999 . 99	11 Nonqualified plans 9999999 . 99	12a Code See inst. for box 12 XXXX 9999999 . 99	
13 Statutory employee X	14 Other XXXX 9999999 . 99 XXXX 9999999 . 99 XXXX 9999999 . 99	12b Code XXXX 9999999 . 99	
Retirement plan X		12c Code XXXX 9999999 . 99	
Third-party sick pay X		12d Code XXXX 9999999 . 99	
XX XXXXXXXXXXXXXXXX XX XXXXXXXXXXXXXXXX 15 State Emplr. state I.D.	9999999 . 99 9999999 . 99 9999999 . 99	16 State wages, tips, etc. 9999999 . 99 9999999 . 99 9999999 . 99	999999 . 99 999999 . 99 999999 . 99
18 Local wages, tips, etc. 9999999 . 99 9999999 . 99	19 Local income tax 999999 . 99 999999 . 99	20 Locality name XXXXXXXXXX XXXXXXXXXX	

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS  
This information is being furnished to the Internal Revenue Service.

COPY C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)		2018 OMB No. 1545-0008	
a Employee's SSN 999-99-9999	1 Wages, tips, other comp. 99999999 . 99	2 Federal income tax withheld 99999999 . 99	
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c Employer's name, address, and ZIP code XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX XX 99999-9999			
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10 Dependent care benefits 99999999 . 99	11 Nonqualified plans 99999999 . 99	12a Code See inst. for box 12 XXXX 99999999 . 99	
13 Statutory employee X	14 Other XXXX 99999999 . 99 XXXX 99999999 . 99 XXXX 99999999 . 99	12b Code XXXX 99999999 . 99	
Retirement plan X		12c Code XXXX 99999999 . 99	
Third-party sick pay X		12d Code XXXX 99999999 . 99	
XX XXXXXXXXXXXXXXXX XX XXXXXXXXXXXXXXXX 15 State Emplr. state I.D.	99999999 . 99 99999999 . 99 99999999 . 99	16 State wages, tips, etc. 99999999 . 99 99999999 . 99 99999999 . 99	999999 . 99 999999 . 99 999999 . 99
18 Local wages, tips, etc. 99999999 . 99 99999999 . 99	19 Local income tax 999999 . 99 999999 . 99	20 Locality name XXXXXXXXXX XXXXXXXXXX	

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS  
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

COPY 2 For Employee's State, City, or Local Income Tax Return		2018 OMB No. 1545-0008	
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10 Dependent care benefits 99999999 . 99	11 Nonqualified plans 99999999 . 99	12a Code See inst. for box 12 XXXX 99999999 . 99	
13 Statutory employee X	14 Other XXXX 99999999 . 99 XXXX 99999999 . 99 XXXX 99999999 . 99	12b Code XXXX 99999999 . 99	
Retirement plan X		12c Code XXXX 99999999 . 99	
Third-party sick pay X		12d Code XXXX 99999999 . 99	
XX XXXXXXXXXXXXXXXX XX XXXXXXXXXXXXXXXX 15 State Emplr. state I.D.	99999999 . 99 99999999 . 99 99999999 . 99	16 State wages, tips, etc. 99999999 . 99 99999999 . 99 99999999 . 99	999999 . 99 999999 . 99 999999 . 99
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