

THE LEFT AND TOP BORDERS SHOULD BE EXACTLY 1/2 INCH FROM THE EDGE OF THE PAPER

22222		Void <input type="checkbox"/>	a Employee's social security number 999-99-9999		For Official Use Only » OMB No. 1545-0008			
b Employer identification number (EIN) SAMPLE - DO NOT SUBMIT XXXXXXXXXXXXXXXXXXXX			1 Wages, tips, other compensation 999999999999.01		2 Federal income tax withheld 999999999999.02			
c Employer's name, address, and ZIP code COMPANY NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX TRADE NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX CITY STATE ZIP XXXXXXXXXXXXXXXXXXXXXXXXXXXX			3 Social security wages 999999999999.03		4 Social security tax withheld 999999999999.04			
			5 Medicare wages and tips 999999999999.05		6 Medicare tax withheld 999999999999.06			
			7 Social security tips 999999999999.07		8 Allocated tips 999999999999.08			
			9		10 Dependent care benefits 999999999999.10			
d Control number TEST W-2 XXXXXXXXXXXXXXXXXXXXXXXXXXXX		e Employee's first name and initial JOHN XXXXXXXXXX Q		Last name SAMPLE XXXXXXXXXXXXXXXXXXXX		Suff 		
f Employee's address and ZIP code ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX CITY XXXXXXXXXXXXXXXXXXXX ST ZZZZZ-ZZZZ			11 Nonqualified plans 999999999999.11		12a See instructions for box 12 D 9999991.12			
			13 Statutory employee X		Retirement plan X	Third-party sick pay X	12b DD 9999992.12	
			14 Other 4A 999999999991.14 4B 999999999992.14 4C 999999999993.14 4D 999999999994.14 4E 999999999995.14		12c AA 9999993.12		12d DC 9999994.12	
			15 State XX		Employer's state ID number SEIN XXXXXXXXXXXXXXXXXXXX	16 State wages, tips, etc. 999999991.16	17 State income tax 999999991.17	18 Local wages, tips, etc. 999999991.18
5B		15B ID XXXXXXXXXXXXXXXXXXXX	999999992.16	999999992.17	999999992.18	999999992.19	20 B XXXXX	

Form **W-2 Wage and Tax Statement**
Copy A For Social Security Administration
 Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable

2019
0000/1092

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions

Do Not Cut, Fold, or Staple Forms on This Page - Do Not Cut, Fold, or Staple Forms on This Page

22222		Void <input type="checkbox"/>	a Employee's social security number 999-99-9999		For Official Use Only » OMB No. 1545-0008			
b Employer identification number (EIN) SAMPLE - DO NOT SUBMIT XXXXXXXXXXXXXXXXXXXX			1 Wages, tips, other compensation 999999999999.01		2 Federal income tax withheld 999999999999.02			
c Employer's name, address, and ZIP code COMPANY NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX TRADE NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX CITY STATE ZIP XXXXXXXXXXXXXXXXXXXXXXXXXXXX			3 Social security wages 999999999999.03		4 Social security tax withheld 999999999999.04			
			5 Medicare wages and tips 999999999999.05		6 Medicare tax withheld 999999999999.06			
			7 Social security tips 999999999999.07		8 Allocated tips 999999999999.08			
			9		10 Dependent care benefits 999999999999.10			
d Control number TEST W-2 XXXXXXXXXXXXXXXXXXXXXXXXXXXX		e Employee's first name and initial JOHN XXXXXXXXXX Q		Last name SAMPLE XXXXXXXXXXXXXXXXXXXX		Suff 		
f Employee's address and ZIP code ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX CITY XXXXXXXXXXXXXXXXXXXX ST ZZZZZ-ZZZZ			11 Nonqualified plans 999999999999.11		12a See instructions for box 12 D 9999991.12			
			13 Statutory employee X		Retirement plan X	Third-party sick pay X	12b DD 9999992.12	
			14 Other 4A 999999999991.14 4B 999999999992.14 4C 999999999993.14 4D 999999999994.14 4E 999999999995.14		12c AA 9999993.12		12d DC 9999994.12	
			15 State XX		Employer's state ID number SEIN XXXXXXXXXXXXXXXXXXXX	16 State wages, tips, etc. 999999991.16	17 State income tax 999999991.17	18 Local wages, tips, etc. 999999991.18
5B		15B ID XXXXXXXXXXXXXXXXXXXX	999999992.16	999999992.17	999999992.18	999999992.19	20 B XXXXX	

Form **W-2 Wage and Tax Statement**
Copy A For Social Security Administration
 Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable

2019
0000/1092

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions