

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			1 Wages, tips, other compensation 9999999.01		2 Federal income tax withheld 9999999.02			
c Employer's name, address, and ZIP code COMPANY NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX TRADE NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX CITY STATE ZIP XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			3 Social security wages 9999999.03		4 Social security tax withheld 9999999.04			
			5 Medicare wages and tips 9999999.05		6 Medicare tax withheld 9999999.06			
			7 Social security tips 9999999.07		8 Allocated tips 9999999.08			
d Control number TEST W-2			9 Verification code XXXX-XXXX-XXXX-XXXX		10 Dependent care benefits 9999999.10			
e Employee's first name and initial JOHN XXXXXXXXXX Q		Last name SAMPLE XXXXXXXXXXXXXXXX		Suff		11 Nonqualified plans 9999999.11		
ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX CITY XXXXXXXXXXXXXXXXXXXXXXX ST ZZZZZZ-ZZZZ			13 Statutory employee X		Retirement plan X		Third-party sick pay X	
			14 Other				12a See instructions for box 12 D 9999991.12	
			4A		9999991.14		DD 9999992.12	
			4B		9999992.14		AA 9999993.12	
			4C		9999993.14		12d	
4D		9999994.14		DC 9999994.12				
4E		9999995.14						
f Employee's address and ZIP code								
15 State XX		Employer's state ID number SEIN XXXXXXXXXXXXXXXXXXXXXXXX		16 State wages, tips, etc. 9999991.16		17 State income tax 9999991.17		
18 Local wages, tips, etc. 9999991.18		19 Local income tax 9999991.19		20 Locality name 20 A XXXXX				
5B		15B ID XXXXXXXXXXXXXXXX		9999992.16		9999992.17		
9999992.18		9999992.19		20 B XXXXX				

Form **W-2 Wage and Tax Statement** **2016** Department of the Treasury - Internal Revenue Service
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 Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable
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