THE	LEFT AND TOP BORD	ERS SHOULD BE	EXACTI	JY ½	INCH F	ROM TH	HE EDGE	OF I	HE PAPER				
	a Employee's	s social security number	For Official (Jse Only	»								
22	2222 Void 999	-99-9999	OMB No. 154	15-0008									
b Em	oloyer identification number (EIN)			1 Wag	es, tips, other	compensation	n 2 Feder	al income ta	x withheld				
SZ	AMPLE - DO NOT SUB	XXXXXX	999	999999999999999999999999999999999999999									
c Em	ployer's name, address, and ZIP code	3 Socia	3 Social security wages 4 Social security tax withhele										
C	MPANY NAME XXXXXX	999	999.04										
TH	RADE NAME XXXXXXX	5 Medi	care wages ar	d tips	6 Medic	6 Medicare tax withheld							
AI	DRESS XXXXXXXXXXX	XXXXXXXXXXXX	999	999999	999.05	9999	99999999999.06						
C	TY STATE ZIP XXXX	XXXXXX	7 Socia	al security tips		8 Alloca	8 Allocated tips						
		999	999999	999.07	99999999999.08								
d Cor	trol number	9			10 Depe	10 Dependent care benefits							
TH	EST W-2 XXXXXXXXX	XXXXXXXXXXXX		999999999999999999999999999999999999999									
e Em	bloyee's first name and initial Las	11 None	qualified plans		12a See ir	12a See instructions for box 12							
J(OHN XXXXXXXXX Q SA	AMPLE XXXXXXX	XXXXXXX	999	999999	999.11	. D	9999	991.12				
	•	13 Statut emplo	ory Retireme yee plan	nt Third-party sick pay	12b								
AI	DRESS XXXXXXXXXXX	X	X	X	DD	9999	992.12						
C.	TY XXXXXXXXXXXXXX	14 Othe	r		12c	12c							
		4A 999999999991.14 4B 999999999992.14			AA 9999993.12								
		4B 4C		19999992.14	12d								
		4D 99999999994.14											
f Em	ployee's address and ZIP code	4E	999999	999995.1	4	•							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income to	эх	18 Local wages	tips, etc.	19 Local income tax		20 Locality name				
XX	SEIN XXXXXXXXXXXXXXXX	x 999999991.16	9999999	91.17	1.17 999999991.1		999999991.1		20 A XXXXX				
	I												

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

	00000	l ,, .,	a Employee's:	ocial security number For Official Use Only »												
	22222	Void	999-	999–99–9999 OMB No. 1545-0008												
b	Employer identification number (EIN)							1 Wag	es, ti	ps, other co	mpensation	2 Federal income tax withheld				
SAMPLE - DO NOT SUBMIT XXXXXXXXXXXXXX							Κ	999	99	99999	99.01	99999999999.02				
c Employer's name, address, and ZIP code								3 Social security wages				4 Social security tax withheld				
COMPANY NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						Κ	99999999999.03					99999999999.04				
TRADE NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							Z	5 Medicare wages and tips				6 Medicare tax withheld				
ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							Κ	99999999999.05				99999999999.06				
CITY STATE ZIP XXXXXXXXXXXXXXXXXXXXXXXXXX						Z	7 Social security tips				8 Allocated tips					
								99999999999.07					99999999999.08			
d Control number								9 10 Dependent care benefits						enefits		
TEST W-2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							ζ	999999999999999999999999999999999999999						999.10		
e Employee's first name and initial Last name Suff						ıff	11 Nonqualified plans 12a See instructions for box 12						or box 12			
JOHN XXXXXXXXX Q SAMPLE XXXXXXXXXXXXXX					Χ	99999999999.11				D 9999991.12						
							13 Statut emplo	ory	Retirement plan	Third-party sick pay	12b					
ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						Κ	X		Χ	Χ		D	9999	992.12		
	CITY XXXXXXXXXXXXXXXXXXX ST ZZZZZ-ZZZZ						2	14 Othe	r			12c		•		
							4A 99999999991.14			AA 9999993.12						
							4B 999999999992.14 4C 99999999993.14			12d						
								4 D	99999999994.14			I	DC 9999994.12			
f Employee's address and ZIP code								4E 99999999995.14								
15	State Employer	Employer's state ID number 16 State wages, tips, etc.		17 State incor	income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name					
2	XX SEIN	XXXXXXX	XXXXXXXX	999	999991.16	99999999		999999991.18		99999991.19		991.19	20 A XXXXX			
-	5B 15B	ID XXXXX	XXXXXXXX	999	999992.16	2.16 99999999			2.17 999999992.18			999999992.19 20 в ххххх				