

22222		a Employee's social security number		OMB No. 1545-0008						
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld					
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld					
			5 Medicare wages and tips		6 Medicare tax withheld					
			7 Social security tips		8 Allocated tips					
d Control number			9 Advance EIC payment		10 Dependent care benefits					
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a		
						13 Statutory employee	Retirement plan	Third-party sick pay	12b	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						14 Other		12c		
								12d		
f Employee's address and ZIP code										
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name

Form **W-2** Wage and Tax Statement
 Copy 1—For State, City, or Local Tax Department

2007

Department of the Treasury—Internal Revenue Service