22222 a Employee's social security numb	OMB No. 154	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 Me	dicare wages and t	ips	6 Medi	care tax withheld	
		7 So	cial security tips		8 Alic	4 Social secu	unity tax withheld
d Control number		9 Verification code		10 De 6 Medicar		re tax withheld	
e Employee's first name and initial Last name Suff		. 11 Nonqualified plans		12a	O INCUICATO LEX WITHINGLE		
		13 State	utory Retirement	Third-party sick pay	12b	i	
		14 Other		12c			
Employee's address and ZIP code					12d		
		17 State income tax 18		8 Local wages, tips, etc.		ome tax 20 Localty name	

Form W-2 Wage and Tax Statement

2 Wage and Tax

Department of the Treasury—Internal Revenue Service

Copy 1-For State, City, or Local Tax Department