

W-LW2A

W-LW2B

W-LW2CLW22

W-LW2D1

W-LW3

22222		Void <input type="checkbox"/>	a Employee's social security number		For Official Use Only 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 Verification code	10 Dependent care benefits					
e Employee's first name and initial		Last name	Suff.	11 Nonqualified plans	12a See instructions for box 12				
f Employee's address and ZIP code			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b			
			14 Other			12c			
			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 2017 Department of the Treasury—Internal Revenue Service
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944	Kind of Employer (Check one)	None apply	501c non-govt.	Third-party sick pay (Check if applicable)
		State/local non-501c	State/local 501c	Federal govt.
1	Wages, tips, other compensation	2 Federal income tax withheld		
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		
9	Verification code	10 Dependent care benefits		
11	Nonqualified plans	12a See instructions for box 12		
13	For third-party sick pay use only	12b		
14	Local income tax withheld by payer of third-party sick pay	12c		
15	Local wages, tips, etc.	19 Local income tax		
Employer's telephone number		For Official Use Only		
Employer's email address				
Title		Date		

W-66662

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			7 Social security tips	8 Allocated tips					
d Control number			9 Verification code	10 Dependent care benefits					
e Employee's first name and initial		Last name	Suff.	11 Nonqualified plans	12a See instructions for box 12				
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			14 Other			12c			
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