	a Employee's social security number	OMB No. 154	Sat 5-0029 FAS	fe, accurate, ST! Use	Visit to	he IRS website at .irs.gov/efile.
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld	
					1 2 11 11	
c Employer's name, address, and ZIP code			3 Social security wages 4 Social security tax withheld		tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Occides a contraction		0.00	
			7 Social security tips		8 Allocated tips	
d Combact accords an			•		10 Danielantani	- h 61 -
d Control number			9		10 Dependent car	e penetits
		2 "	44 11	1.0. 1 1	10.0	
e Employee's first name and initial	Last name	Suff.	ff. 11 Nonqualified plans		12a See instruction	s for box 12
			4.5 Statutani	Retirement Third-party	d e	
			13 Statutory employee	Retirement Third-party plan sick pay	12b	
			11 011		d e	
			14 Other		12c	
					d	
					12d	
					d e	
f Employee's address and ZIP code						
15 State Employer's state ID number	er 16 State wages, tips, etc.	17 State incom	ne tax 18	Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

Copy B-To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.