| | | VOID | a Employe | e's social security number | For Offic | ial He | o Only | | | | | |
|--|----------|------------------|------------------|----------------------------|------------|--------|--|-----------------------|--------|---------------------------------|---------|------------------|
| 25 | 222 | | | | OMB No. | | | | | | | |
| 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 | | | 10 Dependent care benefits | | |
| e Employee's first name and initial Last name Su | | | | | | Suff. | 11 Nor | nqualified plans | | 12a See instructions for box 12 | | |
| | | | | | | | 13 Statutory Retirement Third-party sick pay | | | 12b C od e | | |
| | | | | | | | 14 Other | | | 12c C od e | | |
| | | | | | | | | | | 12d | | |
| f Employee's address and ZIP code | | | | | | | | | | | | |
| 15 State | Employer | 's state ID numb | er | 16 State wages, tips, etc. | 17 State i | ncome | e tax | 18 Local wages, tips, | etc. 1 | 9 Local inco | ome tax | 20 Locality name |
| | | | | | | | | | | | | |

wage and Tax Statement



Department of the Treasury-Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Copy A—For Social Security Administration. Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

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