

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		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 Retirement plan Third-party sick pay		12b						
					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Code						
					14 Other		12c						
							12d						
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	