22	222 VOID a Employee's social security number For Official OMB No. 1					Use Only ► 545-0008					
b Employer identification number (EIN)							1 Wag	ges, tips, other compensation	2 Federal income tax withheld		
c Employer's name, address, and ZIP code							3 Soc	cial security wages	4 Social security tax withheld		
							5 Me	dicare wages and tips	6 Medicare tax withheld		
							7 Soc	cial security tips	8 Allocated tips		
d Control number							9		10 Dependent care benefits		
e Employee's first name and initial				Last name Suff.			11 No	nqualified plans	12a See instructions for box 12		
							13 Statu	loyee plan Sick pay	12b C Od e		
							14 Oth	er	12c		
									12d C 0 d e		
f Employee's address and ZIP code											
15 State	ate Employer's state ID number			16 State wages, tips, etc. 17		ncome	e tax	18 Local wages, tips, etc.	19 Local in	come tax	20 Locality name

Form W-2 Wage and Tax Statement

2020

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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