

22222

Void

a Employee's social security number

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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 Advance EIC payment

10 Dependent care benefits

e Employee's first name and initial

Last name

Suff.

11 Nonqualified plans

12a See instructions for box 12

13 Statutory
employee
Retirement
plan
Third-party
sick pay

12b

14 Other

12c

12d

f Employee's address and ZIP code

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

**W-2 Wage and Tax
Statement****2009**

Department of the Treasury—Internal Revenue Service

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Act Notice, see back of Copy D.Form **W-2** 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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