

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  SAMPLE ONLY – DO NOT PHOTOCOPY You'll need to obtain W2 forms in this format (2 per page).			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	
For guaranteed compatibility with Procure, contact: Dynamic Systems 1 (800) 782-2946 www.ProcareForms.com			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12
			14 Other		12b
					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

Form **W-2 Wage and Tax Statement** 37-1804157 **2020** Department of the Treasury—Internal Revenue Service  
**Copy A – For Social Security Administration.** Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.  
**Do Not Cut, Fold, or Staple Forms on This Page**

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

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