

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							
				13 Salaried employee <input type="checkbox"/>		12a See instructions for box 12							
				Retirement plan <input type="checkbox"/>		12b							
				Tand-partly sal. pay <input type="checkbox"/>		12c							
				14 Other		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 2011
 Department of the Treasury—Internal Revenue Service
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 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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