

a Employee's social security number

OMB No. 1545-0008

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FAST! Use**



Visit the IRS website
at www.irs.gov/efile.

| | | | | | |
|--|--|---|----------------------------|---|----------------------------|
| 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 C C C C D D E | |
| | | 13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 12b C C C C D D E | |
| | | 14 Other | | 12c C C C C D D E | |
| | | | | 12d C C C C D D E | |
| 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

2007

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.