OMB No.1545-0008 Fo	orm W-2	Wage and T	ax Sta	itement 2018	OMB N	o.1545-0008 Fo	rm W-2	2 Wage and	Tax St	atement ≥	078	
		Wages, tips, other comp		2 Federal income tax withheld		7 Social security tips		1 Wages, tips, other comp.		2 Federal income tax withheld		
8 Allocated tips	3 Social s	ecurity wages	4 So	cial security tax withheld	- I - 8 Alloca	ted tips	3 Social s	security wages	4 Sc	ocial security tax wit	thheld	
9 Verification code	5 Medicar	re wages and tips	6 Me	dicare tax withheld	- I 9 Verific	ation code	5 Medica	re wages and tips	6 M	edicare tax withheld	t	
c Employer's name, address, a	 and ZIP code)			l c Emplo	yer's name, address, a	nd ZIP code)				
10 Dependent care benefits	11 Nonqu	alified plans	12a See	instructions for box 12	I I - I <u>10 Depe</u>	ndent care benefits	11 Nonqu	alified plans	12a See	instructions for box 12	2	
b Employer identification rumber (EIN)			12b		- I <u>b</u> Emplo	b Employer identification number (EIN)			12b			
a Employee's social security r	12c		a Emplo	a Employee's social security number			12c					
14 Other				Jory Retirement Third-party oyeb plan sick pay	_	14 Other				12d C g 13 Statutory Retirement Third-party plan sick pay		
e Employee's name, address	, and ZIP coo	de		Suff.	e Empl	oyee's name, address,	and ZIP co	de			Suff.	
15 State Employer's state I.D. no. 16 State wages, tips,			, etc.	17 State income tax	I _ I _ 15 State	I 15 State Employer's state I.D. no. 16 State wages, tips, etc. 17 State income						
18 Local wages, tips, etc.	19 Local in	ncome tax	20 Localit	y name	- I I 18 Loca	I wages, tips, etc.	19 Local in	ncome tax	20 Locali	ty name		
COPY C For EMPLOYEE This information is being furnished to required to file a tax return, a negliger on you if this income is taxable and yo	the Internal Reve	enue Service. If you are	d	Dept. of the Treasury - IR: (See Notice to Employee on back of Copy B.)		B To Be filed with ε ormation is being fumi				Dept. of the Tro	easury - IRS	
OMB No.1545-0008 Fo		Wage and T		atement 2018 deral income tax withheld	_1	o.1545-0008 Fo		Wage and tips, other comp.		atement 2		
8 Allocated tips		ecurity wages		cial security tax withheld	- I 8 Allocat			ecurity wages	4 Social security tax withheld			
9 Verification code	ion code 5 Medicare wages and tips			dicare tax withheld	- I 9 Verific	ation code	5 Medicar	re wages and tips	6 Medicare tax withheld			
c Employer's name, address, a	and ZIP code				I c Employ I I	yer's name, address, a	I nd ZIP code					
10 Dependent care benefits	11 Nonqua	alified plans	12a See	instructions for box 12	10 Depe	ndent care benefits	11 Nonqu	alified plans	12a See	instructions for box 12	!	
b Employer identification number (EIN)			12b	1	b Emplo	b Employer identification number (EIN)			12b			
a Employee's social security number				1	l a Emplo	a Employee's social security number			12c			
14 Other				12d		14 Other				12d Ogg Retirement Third-party sick pay		
e Employee's name, address	, and ZIP coc	de		Suff.	e Emplo	oyee's name, address,	and ZIP cod	de			Suff.	
15 State Employer's state	l.D. no.	16 State wages, tips	, etc.	17 State income tax	_	Employer's state	I.D. no.	16 State wages, tip	ps, etc.	17 State income	tax	
18 Local wages, tips, etc.	19 Local in	ncome tax	20 Locality	y name	18 Local	wages, tips, etc.	19 Local in	ncome tax	20 Localit	y name		
Copy 2 For Employee's S	tate, City o	r Local Income Ta	x Return	Dept. of the Treasury - IRS	Copy 2	? For Employee's S	tate, City o	or Local Income	Tax Returi	n Dept. of the Tre	easury - IR	