

|  |                               |                                     |   |                                |                                 |                  |
|--|-------------------------------|-------------------------------------|---|--------------------------------|---------------------------------|------------------|
| 22222                                    | VOID <input type="checkbox"/> | a Employee's social security number | For Official Use Only ▶<br>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          | 12a See instructions for box 12 |                  |
| f Employee's address and ZIP code        |                               |                                     | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | 12b                            |                                 |                  |
|  |                               |                                     | 14 Other  | 12c                            |                                 |                  |
|  |                               |                                     |   | 12d                            |                                 |                  |
| 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 **2021** 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. 41-0852411  
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