

22222		A Employee's social security									
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							
		Social security tips		Allocated tips							
D Control number				10 Dependent care benefits							
E Employee's name, address, city, and ZIP code		Nonqualified plans		12a See instructions for box 12							
		13		Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third party sick pay <input type="checkbox"/>			
		14 Other		12b		12c					
				12d							
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	
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From W-2 Wage and Tax Statement		2019				Department of the Treasury - Internal Revenue Service					

INCOME

- 1** Your total federal gross pay minus any qualified elective deductions, such as 401(k) plan contributions. This will show as 0.00 if you claimed the Difficulty of Care (IRS Notice 2014-7) exception.
- 3** Shows wages subject to Social Security Tax (This amount may not be the same as what is reported in box 1).
- 5** Shows Medicare wages and tips.
- 13** State taxable wages.
- 18** Local taxable pay, if applicable.

TAXES

- 2** The total federal income tax withheld from your wages for the year.
- 4** Shows the amount of Social Security Tax withheld.
- 6** Shows the amount of Medicare tax withheld.
- 17** Used to report additional information as needed.
- 14** Total state income tax withheld.
- 19** Total local income tax withheld, if applicable.

PERSONAL INFO

- A** Your social security number.
- E** Your name and mailing address.

MISCELLANEOUS

- 10** Dependent care benefits such as daycare paid or incurred by an employer for their employee. This should be 0.00.
- 12a** Money that has special tax rules. For example, adoption benefits.

EMPLOYER INFO

- B** Employer's Tax ID number.
- C** Employer's name and address.
- 12a** A-D An employer can report 401k contributions or Employer related health insurance costs.

IDENTIFICATION

- D** Optional for employer's use.
- 16** If you qualify for any of these items, the checkbox will be marked.
- 20** Tax locality name, if applicable.