

<b>22222</b>		<b>A</b> Employee's social security							
<b>B</b> Employer Identification Number (EIN)		<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld					
<b>C</b> Employer's name, address, and ZIP code		<b>3</b> Social security wages		<b>4</b> Social security tax withheld					
		<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld					
		Social security tips		Allocated tips					
<b>D</b> Control number				<b>10</b> Dependent care benefits					
<b>E</b> Employee's name, address, city, and ZIP code		Nonqualified plans		<b>12a</b> See instructions for box 12					
		<b>13</b>		Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third party sick pay <input type="checkbox"/>	
		<b>14</b> Other		12b		12c			
				12d					
State <b>15</b>	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b>			
From <b>W-2</b> Wage and Tax Statement		<b>2020</b>		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.