

|  |                            |                                     |  |                            |                     |                                 |  |  |  |  |  |
|--|----------------------------|-------------------------------------|--|----------------------------|---------------------|---------------------------------|--|--|--|--|--|
|  |                            | a Employee's social security number | OMB No. 1545-0008  |                            |                     |                                 | This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. |  |  |  |  |
| 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 Verification code  |                            |                     | 10 Dependent care benefits      |  |  |  |  |  |
| e Employee's name, address, and ZIP code |                            |                                     | 11 Nonqualified plans                                      |                            |                     | 12a See instructions for box 12 |  |  |  |  |  |
|  |                            |                                     | 13 Statutory employee Retirement plan Third-party sick pay |                            |                     | 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  
**Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) or Copy 2 to be Filed With Employee's State, City or Local Income Tax Return**

2017

Department of the Treasury—Internal Revenue Service

Safe, accurate, FAST! Use



|  |                            |                                     |  |                            |                     |                                 |  |  |  |  |  |
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