22222	Void ☐	**a** Employee's social security number	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** Verification code	**10** Dependent care benefits

e Employee's name, address, and ZIP code	Suff.	**11** Nonqualified plans	**12a** See instructions for box 12 Code

13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐   **12b** Code

14 Other   **12c** Code

12d Code

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   **2017**

Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department
Copy D—For Employer.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.