

Form W-2 Wage and Tax Statement 2017

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

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|--|--|----------------------------|---------------------|--------------------------------------|-------------------------------------|---|
| Control number | Copy B To Be Filed With Employee's FEDERAL Tax Return | | | Employer identification number (EIN) | 1 Wages, tips, other comp | 2 Federal income tax withheld |
| Employer's name, address, and ZIP code | | | | Employee's social security number | 3 Social security wages | 4 Social security tax withheld |
| | | | | 7 Social security tips | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | | | 8 Allocated tips | 9 Verification code | 10 Dependent care benefits |
| Employee's name, address, and ZIP code Suff. | | | | 11 Nonqualified plans | 12a - 12d Code See inst. for box 12 | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> |
| | | | | 14 | | |
| 15 State | Employer's state I.D. number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |

This information is being furnished to the Internal Revenue Service

www.irs.gov/efile

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|--|---|----------------------------|---------------------|--------------------------------------|-------------------------------------|---|
| Control number | Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B). | | | Employer identification number (EIN) | 1 Wages, tips, other comp | 2 Federal income tax withheld |
| Employer's name, address, and ZIP code | | | | Employee's social security number | 3 Social security wages | 4 Social security tax withheld |
| | | | | 7 Social security tips | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | | | 8 Allocated tips | 9 Verification code | 10 Dependent care benefits |
| Employee's name, address, and ZIP code Suff. | | | | 11 Nonqualified plans | 12a - 12d Code See inst. for box 12 | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> |
| | | | | 14 | | |
| 15 State | Employer's state I.D. number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |

This information is being furnished to the IRS. 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.

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| | | | | | | |
|--|---|----------------------------|---------------------|--------------------------------------|---------------------------|---|
| Control number | Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return | | | Employer identification number (EIN) | 1 Wages, tips, other comp | 2 Federal income tax withheld |
| Employer's name, address, and ZIP code | | | | Employee's social security number | 3 Social security wages | 4 Social security tax withheld |
| | | | | 7 Social security tips | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | | | 8 Allocated tips | 9 Verification code | 10 Dependent care benefits |
| Employee's name, address, and ZIP code Suff. | | | | 11 Nonqualified plans | 12a - 12d Code | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> |
| | | | | 14 | | |
| 15 State | Employer's state I.D. number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |

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| Control number | Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return | | | Employer identification number (EIN) | 1 Wages, tips, other comp | 2 Federal income tax withheld |
| Employer's name, address, and ZIP code | | | | Employee's social security number | 3 Social security wages | 4 Social security tax withheld |
| | | | | 7 Social security tips | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | | | 8 Allocated tips | 9 Verification code | 10 Dependent care benefits |
| Employee's name, address, and ZIP code Suff. | | | | 11 Nonqualified plans | 12a - 12d Code | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> |
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| 15 State | Employer's state I.D. number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |