

Void <input type="checkbox"/>		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			
			15865.00		90.00			
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld			
			10000.00		620.00			
			5 Medicare wages and tips		6 Medicare tax withheld			
			10000.00		145.00			
d Control number 0001			7 Social security tips		8 Allocated tips			
e Employee's first name and initial			Last name		9 Verification code		10 Dependent care benefits	
			11 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"/>		12b			
			14 Other		12c			
			CA SDI 100.00		12d			
			2% HLTH 5865.00					
f Employee's address and ZIP 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
CA		15865.00		30.00				

Form **W-2** Wage and Tax Statement  
Copy D - For Employer.

2019

Department of the Treasury - Internal Revenue Service  
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