· · · · ·						
Void	nployee's social security number XX-XXXX		1545-0008			
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld	
xx-xxxxxx			140962.98		26760.32	
c Employer's name, address, and ZIP code			3 Social security wages 102750.00		4 Social security tax withheld 6370.52	
			5 Medicare wages and tips 102750.00		6 Medicare tax withheld 1489.88	
С			7 Social security tips		8 Allocated tips	
d Control number 1			9		10 Dependent care be	enefits
e Employee's first name and initial	Last name SMITH	Suff.	11 Nonqualified plans		12a See instructions for box 12	
ADAM	ADAM			ry Retirement Third-party ee pla <u>n</u> sick pay		
2601 CORONA BURBANK CA 91505			14 Other 2% S/H 38,212.98		12c C d e	
					12d	
f Employee's address and ZIP code	e					
15 State Employer's state ID number CA XXX-XXXX-X	16 State wages, tips, etc. 140962.98	17 State incom 93	e tax 74.56	18 Local wages, tips, etc. 102750.00	19 Local income tax 1130.25	20 Locality name
					nt of the Treasury—Internal For Privacy Act and Paper Act Notice, see separ	work Reduction

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a Employee's social security number Void OMB No. 1545-0008 2 Federal income tax withheld 1 Wages, tips, other compensation **b** Employer identification number (EIN) c Employer's name, address, and ZIP code 3 Social security wages 4 Social security tax withheld 0 5 Medicare wages and tips 6 Medicare tax withheld 7 Social security tips 8 Allocated tips d Control number 10 Dependent care benefits 9 2 11 Nonqualified plans 12a See instructions for box 12 e Employee's first name and initial Last name Suff. 13 Statutory Retirement Third-party 12b employee plan sic<u>k p</u>ay 12c 14 Other 12d f Employee's address and ZIP code 20 Locality name 15 State 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax Employer's state ID number

DAA

