

**a** Employee's social security number  
**222-00-2222**

OMB No. 1545-0008

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|  |   |   |   |  |                            |                         |
|--|---|---|---|--|----------------------------|-------------------------|
| <b>b</b> Employer identification number (EIN)<br><b>10-000003</b>  |   | <b>1</b> Wages, tips, other compensation<br><b>\$36,206.00</b>  |   | <b>2</b> Federal income tax withheld<br><b>\$4,452.00</b>  |                            |                         |
| <b>c</b> Employer's name, address, and ZIP code<br><b>JOB CENTER<br/>30 ASH GROVE<br/>ANYTOWN, US 00100</b>                                    |   | <b>3</b> Social security wages<br><b>\$36,206.00</b>  |   | <b>4</b> Social security tax withheld<br><b>\$2,244.77</b> |                            |                         |
|  |   | <b>5</b> Medicare wages and tips<br><b>\$36,206.00</b>  |   | <b>6</b> Medicare tax withheld<br><b>\$524.99</b>          |                            |                         |
|  |   | <b>7</b> Social security tips   |   | <b>8</b> Allocated tips                                    |                            |                         |
| <b>d</b> Control number  |   | <b>9</b>  |   | <b>10</b> Dependent care benefits                          |                            |                         |
| <b>e</b> Employee's first name and initial      Last name      Suff.<br><br><b>TASHA R. MILLER<br/>285 LINDEN AVENUE<br/>ANYTOWN, US 00100</b> |   | <b>11</b> Nonqualified plans  |   | <b>12a</b> See instructions for box 12                     |                            |                         |
|  |   | <b>13</b> Statutory employee      Retirement plan      Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |   | <b>12b</b>   |                            |                         |
|  |   | <b>14</b> Other   |   | <b>12c</b>   |                            |                         |
|  |   |   |   | <b>12d</b>   |                            |                         |
| <b>f</b> Employee's address and ZIP code   |   |   |   |  |                            |                         |
| <b>15</b> State<br><b>US</b>   | Employer's state ID number<br><b>20-0000000</b> | <b>16</b> State wages, tips, etc.<br><b>\$36,206.00</b>   | <b>17</b> State income tax<br><b>\$2,480.12</b> | <b>18</b> Local wages, tips, etc.                          | <b>19</b> Local income tax | <b>20</b> Locality name |

Form **W-2** Wage and Tax Statement **2013**

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.  
This information is being furnished to the Internal Revenue Service.