


a Control number 020		030		OMB No. 1545-0008		Safe, accurate, FAST! Use 		Visit the IRS website at www.irs.gov/efile .	
b Employer identification number (EIN) 040				1 Wages, tips, other compensation 120		2 Federal income tax withheld 130			
c Employer's name, address, and ZIP code 050 055 060 070				045		3 Social security wages 140		4 Social security tax withheld 150	
				073 075		5 Medicare wages and tips 160		6 Medicare tax withheld 170	
						7 Social security tips 180		8 Allocated tips 190	
						9 Advance EIC payment 200		10 Dependent care benefits 210	
d Employee's social security number 080				11 Nonqualified plans 220		12a See instructions for box 12 *242 "STM nn" +244 +246			
e Employee's first name and initial Last name 090				13 Statutory employee <input type="checkbox"/> 265 Retirement plan <input type="checkbox"/> 267 Third-party sick pay <input type="checkbox"/> 269		12b		252 254 256	
100 110				113 115		14 Other		12c	
						270 272		257 258 259	
						280 282		12d	
						290 292		260 261 262	
f Employee's address and ZIP code				300 302					
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			
370	380	390	400	405	407	410			
440	450	460	470	475	477	480			

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

2005

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.