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|---|--|--|---|----------------------------|---|
| Void <input type="checkbox"/> | | a Employee's social security number XXX-XX-XXXX | | OMB No. 1545-0008 | |
| b Employer identification number (EIN) XX-XXXXXXX | | | 1 Wages, tips, other compensation 140962.98 | | 2 Federal income tax withheld 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 |
| | | | 7 Social security tips | | 8 Allocated tips |
| d Control number 0001 | | | 9 | | 10 Dependent care benefits |
| e Employee's first name and initial ADAM 2601 CORONA BURBANK CA 91505 f Employee's address and ZIP code | | | Last name SMITH | | Suff. |
| | | | 11 Nonqualified plans | | 12a See instructions for box 12 C o d e |
| | | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 12b C o d e |
| | | | 14 Other CA SDI 1027.52 2% Share 38212.98 | | 12c C o d e |
| | | | | | 12d C o d e |
| 15 State CA | Employer's state ID number xxx-xxxx-x | 16 State wages, tips, etc. 140962.98 | 17 State income tax 9374.56 | 18 Local wages, tips, etc. | 19 Local income tax |
| | | | | | 20 Locality name |

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

2020

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see separate instructions.