



1 Control number		22222		For Official Use Only ▶ OMB No. 1545-0008															
2 Employer's name, address, and ZIP code				6 Statutory employee <input type="checkbox"/>		Deceased <input type="checkbox"/>		Pension plan <input type="checkbox"/>		Legal rep. <input type="checkbox"/>		942 emp. <input type="checkbox"/>		Subtotal <input type="checkbox"/>		Deferred compensation <input type="checkbox"/>		Void <input type="checkbox"/>	
				7 Allocated tips						8 Advance EIC payment									
				9 Federal income tax withheld						10 Wages, tips, other compensation									
3 Employer's identification number			4 Employer's state I.D. number			11 Social security tax withheld						12 Social security wages							
5 Employee's social security number						13 Social security tips						14 Medicare wages and tips							
19a Employee's name (first, middle initial, last)				15 Medicare tax withheld						16 Nonqualified plans									
19b Employee's address and ZIP code				17 See Instrs. for Form W-2						18 Other									
				20			21			22 Dependent care benefits						23 Benefits included in Box 10			
24 State income tax		25 State wages, tips, etc.		26 Name of state		27 Local income tax		28 Local wages, tips, etc.		29 Name of locality									

Copy A For Social Security Administration

Cat. No. 10134D

Department of the Treasury—Internal Revenue Service

Form **W-2 Wage and Tax Statement 1992** (Rev. 4-92)

For Paperwork Reduction Act Notice and instructions for completing this form, see separate instructions.