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|---|---------------------------|----------------------------|---------------------|---|--|--|
| a Control number | | 22222 | | Void <input type="checkbox"/> | For Official Use Only ► OMB No. 1545-0008 | |
| b Employer's identification number | | | | 1 Wages, tips, other compensation | 2 Federal income tax withheld | |
| c Employer's name, address, and ZIP code | | | | 3 Social security wages | 4 Social security tax withheld | |
| | | | | 5 Medicare wages and tips | 6 Medicare tax withheld | |
| | | | | 7 Social security tips | 8 Allocated tips | |
| d Employee's social security number | | | | 9 Advance EIC payment | 10 Dependent care benefits | |
| e Employee's name (first, middle initial, last) | | | | 11 Nonqualified plans | 12 Benefits included in box 1 | |
| | | | | 13 See Instrs. for box 13 | 14 Other | |
| f Employee's address and ZIP code | | | | 15 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"/> | | |
| 16 State | Employer's state I.D. No. | 17 State wages, tips, etc. | 18 State income tax | 19 Locality name | 20 Local wages, tips, etc. | 21 Local income tax |
| | | | | | | |

Cat. No. 10134D

Department of the Treasury—Internal Revenue Service

Form **W-2** Wage and Tax Statement **1994**
Copy A For Social Security Administration

For Paperwork Reduction Act Notice, see separate instructions.

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