

a Control number		22222	Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008		
b Employer identification number 10-0000003			1 Wages, tips, other compensation \$ 29,204.40		2 Federal income tax withheld \$ 4380.66		
c Employer's name, address, and ZIP code XYZ Corporation 2656 W. Summerdale Ave. Evanston, IL 60202			3 Social security wages \$ 29,204.40		4 Social security tax withheld \$ 730.11		
			5 Medicare wages and tips \$		6 Medicare tax withheld \$		
			7 Social security tips \$		8 Allocated tips \$		
			9 Advance EIC payment \$		10 Dependent care benefits \$		
d Employee's social security number 123-45-6789							
e Employee's first name and initial Patricia F.		Last name Smith		11 Nonqualified plans \$		12a See instructions for box 12 \$	
f Employee's address and ZIP code 170 New Port Lane Palatine, IL 60067			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b \$		
			14 Other		12c \$		
					12d \$		
15 State IL	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	
		\$	\$	\$	\$		

Form **W-2** Wage and Tax Statement (99)

2002

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

Copy A For Social Security Administration—Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

(Rev. February 2002)

Cat. No. 10134D

Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page