

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.

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