a Control number	22222	Void ☐	For Official Use Only ▶ OMB No. 1545-0008

b Employer identification number	1 Wages, tips, other compensation	2 Federal income tax withheld
10-0000003	$ 29,204.40	$ 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 $
d Employee's social security number 123-45-6789	9 Advance EIC payment $	10 Dependent care benefits $
e Employee's first name and initial: Patricia F. / Last name: Smith	11 Nonqualified plans $	12a See instructions for box 12 $
170 New Port Lane Palatine, IL 60067	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b $
	14 Other	12c $
		12d $
f Employee's address and ZIP code		

15 State	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
IL		$	$	$	$	
		$	$	$	$	

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

2002

(Rev. February 2002)

Cat. No. 10134D

Department of the Treasury—Internal Revenue Service
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