


a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use 		Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a> .	
b Employer identification number (EIN) 44-1XXXXXX				1 Wages, tips, other compensation 16500.25		2 Federal income tax withheld 2097.54	
c Employer's name, address, and ZIP code West Way Books 43 Bookend Rd Albuquerque, NM 87108				3 Social security wages 16500.25		4 Social security tax withheld 1023.02	
				5 Medicare wages and tips 16500.25		6 Medicare tax withheld 239.25	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 444-XX-XXXX				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name  Susan A. Quintana 1000 Old Club Rd SW Albuquerque, NM 87105				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		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	
NM	44-0XXXXXX-XX	16500.25	404.26				

Form **W-2** Wage and Tax Statement

**20XX**

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.  
This information is being furnished to the Internal Revenue Service.