

# W2 Form

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)		1 Wages, tips, other compensation		2 Federal income tax withheld			
44-1XXXXXX		16500.25		2097.54			
c Employer's name, address, and ZIP code  <b>Maine Business 1 Main Street Portland, ME 04101</b>		3 Social security wages		4 Social security tax withheld			
		16500.25		1023.02			
		5 Medicare wages and tips		6 Medicare tax withheld			
		16500.25		239.25			
		7 Social security tips		8 Allocated tips			
d Employee's social security number		9 Advance EIC payment		10 Dependent care benefits			
444-XX-XXXX							
e Employee's first name and initial List name  <b>John Smith 1 Ocean Ave. Biddeford, ME 04005</b>		11 Nonqualified plans		12a See instructions for box 12			
		13 <input type="checkbox"/> Salary <input type="checkbox"/> Retirement <input type="checkbox"/> Thrift/savings		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		
NM	44-0XXXXXX-XX	16500.25	404.26				
20 Locality name							

**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.