

a Control number		22222		Void <input type="checkbox"/>		For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number		91350		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code		Ralph's 1345 Pacific Street Rocklin, CA 95677		3 Social security wages \$4,300		4 Social security tax withheld \$266.60	
d Employee's social security number		000-00-0000		5 Medicare wages and tips \$4,300		6 Medicare tax withheld \$62.35	
e Employee's first name and initial		Cheryl E.		7 Social security tips 0		8 Allocated tips 0	
Last name		Bonds		9 Advance EIC payment 0		10 Dependent care benefits 0	
11 Nonqualified plans		13 Salaried employee <input type="checkbox"/>		11a See instructions for box 12		12a See instructions for box 12	
110 W. 9th Street Rocklin, CA 95677		14 Other <input type="checkbox"/>		12b <input type="checkbox"/>		12c <input type="checkbox"/>	
115 State Employer's state ID number		CA 3367		12d <input type="checkbox"/>		12e <input type="checkbox"/>	
16 State wages, tips, etc.		\$4,300		13 Retirement plan <input type="checkbox"/>		13a <input type="checkbox"/>	
17 State income tax		0		13b <input type="checkbox"/>		13c <input type="checkbox"/>	
18 Local wages, tips, etc.		\$4,300		13c <input type="checkbox"/>		13d <input type="checkbox"/>	
19 Local income tax		0		13d <input type="checkbox"/>		13e <input type="checkbox"/>	
20 Locally name		PL		13e <input type="checkbox"/>		13f <input type="checkbox"/>	

W-2 Wage and Tax Statement

2014

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

Form **W-2** 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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