

a Control number		22222	Void <input type="checkbox"/>				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			4 Social security tax withheld						
			\$ 29,204.40			\$ 730.11						
			5 Medicare wages and tips			\$			6 Medicare tax withheld		\$	
			7 Social security tips			\$			8 Allocated tips		\$	
d Employee's social security number			9 Advance EIC payment			10 Dependent care benefits						
123-45-6789			\$			\$						
e Employee's first name and initial		Last name		11 Nonqualified plans			12a See instructions for box 12					
Patricia F.		Smith		\$			\$					
f Employee's address and ZIP code 170 New Port Lane Palatine, IL 60067			13 Statutory employee	Retirement plan	Third-party sick pay	12b						
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$						
			14 Other						12c			
									\$			
						12d						
						\$						
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

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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