

Copy B—To Be Filed With Employee's FEDERAL Tax Return.		2004		OMB No. 1545-0008
a Control number	1 Wages, tips, other comp.	2 Federal income tax withheld		
	3 Social security wages	4 Social security tax withheld		
b Employer ID number	5 Medicare wages and tips	6 Medicare tax withheld		
	c Employer's name, address, and ZIP code			
d Employee's social security number				
e Employee's name, address, and ZIP code				
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12		
13 Statutory employee	14 Other	12b Code		
Retirement plan		12c Code		
Third-party sick pay		12d 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		

**Form W-2 Wage and Tax Statement** Dept. of the Treasury -- IRS 39-1908647  
This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.		2004		OMB No. 1545-0008
a Control number	1 Wages, tips, other comp.	2 Federal income tax withheld		
	3 Social security wages	4 Social security tax withheld		
b Employer ID number	5 Medicare wages and tips	6 Medicare tax withheld		
	c Employer's name, address, and ZIP code			
d Employee's social security number				
e Employee's name, address, and ZIP code				
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans	12a Code		
13 Statutory employee	14 Other	12b Code		
Retirement plan		12c Code		
Third-party sick pay		12d 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		

**Form W-2 Wage and Tax Statement** Dept. of the Treasury -- IRS 39-1908647

Copy C—For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B).		2004		OMB No. 1545-0008
a Control number	1 Wages, tips, other comp.	2 Federal income tax withheld		
	3 Social security wages	4 Social security tax withheld		
b Employer ID number	5 Medicare wages and tips	6 Medicare tax withheld		
	c Employer's name, address, and ZIP code			
d Employee's social security number				
e Employee's name, address, and ZIP code				
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12		
13 Statutory employee	14 Other	12b Code		
Retirement plan		12c Code		
Third-party sick pay		12d 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		

**Form W-2 Wage and Tax Statement** Dept. of the Treasury -- IRS 39-1908647  
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

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a Control number	1 Wages, tips, other comp.	2 Federal income tax withheld		
	3 Social security wages	4 Social security tax withheld		
b Employer ID number	5 Medicare wages and tips	6 Medicare tax withheld		
	c Employer's name, address, and ZIP code			
d Employee's social security number				
e Employee's name, address, and ZIP code				
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans	12a Code		
13 Statutory employee	14 Other	12b Code		
Retirement plan		12c Code		
Third-party sick pay		12d 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		

**Form W-2 Wage and Tax Statement** Dept. of the Treasury -- IRS 39-1908647

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