| | | • | | | | | | |
|---|--|----------------|-----------------------------------|--|---------------------------------|-----------|------------------------------------|--|
| a Er | nployee's social security number 123-12-4599 | OMB No. 154 | 15-0008 | Safe, accurate, FAST! Use | vfi | | ne IRS website w.irs.gov/efile. | |
| b Employer identification number (EIN) | | | 1 Wages, tips, other compensation | | 2 Federal income tax withheld | | | |
| 91-313878 | | | | 15453.50 | 1020.65 | | | |
| c Employer's name, address, and ZIP code | | | 3 Social security wages | | 4 Social security tax withheld | | | |
| I C Managamant Campany | | | 15453.50 | | 958.12 | | | |
| J. C. Management Company | | | 5 Medicare wages and tips | | 6 Medicare tax withheld | | | |
| 1234 Huron Parkway | | | 15453.50 | | 224.08 | | | |
| Ann Arbor, MI 48105 | | | 7 Soc | 7 Social security tips 8 Allocated tips | | | | |
| d Control number | | | 9 Adv | Advance EIC payment 10 Dependent care benefits | | | | |
| e Employee's first name and initial Last name Suff. | | | 11 Nonqualified plans | | 12a See instructions for box 12 | | | |
| | | | | | o d e | | | |
| Marian A Jones | | | 13 Statuto | ry Retirement Third-party ree plan sick pay | 12b | | | |
| | | | | | o d e | | | |
| 2727 Fuller Rd | | | 14 Other | | 12c | 12c | | |
| Ann Arbor, MI 48105 | | | | | o d e | | | |
| | | | | | 12d | 12d | | |
| | | | | | o d e | | | |
| f Employee's address and ZIP code | | | | | | | | |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State incom | | 18 Local wages, tips, etc. | 19 Local in | ncome tax | 20 Locality name | |
| MI ME-1234567 | 15453.50 | 632.54 | | | | | | |
| | | | | | [| |] | |
| | | | | | | | | |

Form W-2 Wage and Tax Statement

2009

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.