

33333		a Control number		For Official Use Only: OMB No. 1545-0008							
<b>b Kind of Payer</b> (Check one)		941 <input type="checkbox"/> CT-1 <input type="checkbox"/>	Military <input type="checkbox"/> Hshld. emp. <input type="checkbox"/>	943 <input type="checkbox"/> Medicare govt. emp. <input type="checkbox"/>	944 <input type="checkbox"/>	<b>Kind of Employer</b> (Check one)		None apply <input type="checkbox"/> State/local non-501c <input type="checkbox"/>	501c non-govt. <input type="checkbox"/> State/local 501c <input type="checkbox"/>	Federal govt. <input type="checkbox"/>	Third-party sick pay (Check if applicable) <input type="checkbox"/>
<b>c</b> Total number of Forms W-2		<b>d</b> Establishment number		<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld					
<b>e</b> Employer identification number (EIN)				<b>3</b> Social security wages		<b>4</b> Social security tax withheld					
<b>f</b> Employer's name				<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld					
<b>g</b> Employer's address and ZIP code				<b>7</b> Social security tips		<b>8</b> Allocated tips					
				<b>9</b>		<b>10</b> Dependent care benefits					
				<b>11</b> Nonqualified plans		<b>12a</b> Deferred compensation					
<b>h</b> Other EIN used this year				<b>13</b> For third-party sick pay use only		<b>12b</b>					
<b>15</b> State      Employer's state ID number				<b>14</b> Income tax withheld by payer of third-party sick pay							
<b>16</b> State wages, tips, etc.		<b>17</b> State income tax		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax					
Employer's contact person				Employer's telephone number		For Official Use Only					
Employer's fax number				Employer's email address							