OMB No. 1545-0008 Form W-2 Wage and Tax Statement 2007			OMB No. 1545-0008 Form W-2 Wage and Tax Statement 2007		
7 Social security tips	1 Wages, tips, other compensati		7 Social security tips	1 Wages, tips, other compensat	
8 Allocated tips	3 Social security wages	4 Social security tax withheld	8 Allocated tips	3 Social security wages	4 Social security tax withheld
9 Advance EIC payment	5 Medicare wages and tips	6 Medicare tax withheld	9 Advance EIC payment	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address	s, and ZIP code		c Employer's name, address	s, and ZIP code	
10 Dependent care benefits	11 Nonqualified plans	C 12a See instructions for box 12	10 Dependent care benefits	11 Nonqualified plans	C 12a See instructions for box 12
b Employer identification numb	per (EIN)	C 12b	b Employer identification num	ber (EIN)	C 12b
a Employee's social security number		C 12c	a Employee's social security number		C 12c
14 Other		C 12d	14 Other	14 Other 0 12d	
		d e 13 Statutory Retirement Third-party sick pay	13 Statutory Patirement plan		d e 13 Statutory Retirement Third-party
		employée plan sick pay			13 employée plan sick pay
e Employee's name, address,	and ZIP code		e Employee's name, address,	and 7IP code	
w simpleyee's name, address,	and zir code		e cripioyees name, address,	and zir code	
15 State Employer's state ID	number 16 State wages, tips,	etc. 17 State income tax	15 State Employer's state ID	number 16 State wages, tips	, etc. 17 State income tax
				To cross magas, apa	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
The Lands Hadden, tipe, one,	TO LOOK HOURS IN	LU LUGANY MAINS	To Local Hagos, tips, etc.	10 Local monto tax	20 Estany narro
Copy C-For EMPLOYEE'S	PECOPDE	Dept. of the Treasury—IRS	Comp D To Do Filed Wild	Employee's FEDERAL Tax	Return. Dept. of the Treasury—IRS
This information is being furnished required to file a tax return, a negli on you if this income is taxable and	to the Internal Revenue Service. If you gence penalty or other sanction may be d you fail to report it.	are 38-2099803 e imposed (See Notice to Employee on the back of Copy B.)	This information is being furnished	to the Internal Revenue Service.	38-2099803
OMB No. 1545-0008 F 7 Social security tips	Form W-2 Wage and		OMB No. 1545-0008 7 Social security tips	Form W-2 Wage and 1 Wages, tips, other compensat	
8 Allocated tips	3 Social security wages	4 Social security tax withheld	8 Allocated tips	3 Social security wages	4 Social security tax withheld
9 Advance EIC payment	5 Medicare wages and tips	6 Medicare tax withheld	9 Advance EIC payment	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address	s and ZIP code		c Employer's name, addres	e and ZID code	
c Employer's Harrie, address	o, and zir code		C Employer's flame, address	s, and zir code	
10 Dependent care benefits	11 Nonqualified plans	° 12a	10 Dependent care benefits	11 Nonqualified plans	° 12a
b Employer identification number	ber (EIN)	G 12b	b Employer identification num	ber (EIN)	G 12b
		© 12C	SEC 31 LONGESCHEENING MINISTERIE	225(02250)	0 12c
d		d m	a Employee's social security number		d n
14 Oner		C 12d	14 Other		C 12d
		13 Statutory Retirement Third-party sick pay			13 Statutory Pletirement Third-party sick pay
e Employee's name, address,	and ZIP code		e Employee's name, address	and ZIP code	
15 State Employer's state ID	number 16 State wages, tips	etc. 17 State income tax	15 State Employer's state ID	number 16 State wages, tips	s, etc. 17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Copy 2—For Employee's S	State, City, or Local	Dept. of the Treasury—IRS	Copy 2—For Employee's	State, City, or Local	Dept. of the Treasury—IRS
Income Tax Return.		38-2099803	Income Tax Return.		38-2099803