

22222		a Employee's social security number		OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation Enter in "W-2 Amount 1" Box		2 Federal income tax withheld
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld
			5 Medicare wages and tips		6 Medicare tax withheld
			7 Social security tips		8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial	Last name		Suff.	11 Nonqualified plans	
				12a	
				12b	
				12c	
				12d	
f Employee's address and ZIP 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
 Copy 1 – For State, City, or Local Tax Department

2020

Department of the Treasury – Internal Revenue Service

Enter in "W-2 Box 14". Only enter an amount listed as "Housing or Living Allowance", and include the total amount listed.

Enter in "W-2 Boxes 12a-12d" box. The **only** amounts that should be included are ones associated with the following codes: D (*not* DD), E, F, G, H, S.