

222 <input type="checkbox"/>		a Employee's social security number <b>010-00-0101</b>		OMB No. 1545-0008			
b Employer identification number (EIN) <b>16-0000000</b>			1 Wages, tips, other compensation <b>6000</b>		2 Federal income tax withheld <b>540</b>		
c Employer's name, address, and ZIP code  <b>STATE UNIVERSITY 345 UNIVERSITY ST ALBANY, NY 12700</b>			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 Advance EIC payment		10 Dependent care benefits		
e Employee's first name and initial      Last name      Suff.  <b>JOY KIM 123 UNIVERSITY LANE COLLEGETOWN, NY 00000</b>			11 Nonqualified plans		12a C o d e		
			13 Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o d e		
			14 Other		12c C o d e		
					12d C o d e		
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	
<b>NY</b>	<b>16-6000000</b>	<b>6000.00</b>	<b>240.00</b>				