

22222	Void <input type="checkbox"/>	a Employee's social security number 555-55-5555	For Official Use Only ► OMB No. 1545-0008				
<b>b Employer identification number (EIN)</b> <b>MA 123-9424-90</b>				1 Wages, tips, other compensation <b>78,000</b>	2 Federal income tax withheld <b>13,260</b>		
<b>c Employer's name, address, and ZIP code</b>  Future Corporation 1 Belltower Place Maynard, MA 01754 USA				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		
<b>d Control number</b> <b>CTRL-FC-2982</b>				9 Advance EIC payment	10 Dependent care benefits		
e Employee's first name and initial <b>Jonathan</b>	Last name <b>Duddley</b>	Suff.	11 Nonqualified plans	12a See instructions for box 12  <b>Code</b>			
<b>f Employee's address and ZIP code</b>  10 Main Street Maynard, MA 01754 USA				13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b  <b>Code</b>
				14 Other			12c  <b>Code</b>
							12d  <b>Code</b>
15 State Employer's state ID number <b>MA</b> <b>MA-FC-23410</b>	16 State wages, tips, etc. <b>78,000</b>	17 State income tax <b>6,240</b>	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form **W-2 Wage and Tax Statement**

**2007**

Department of the Treasury—Internal Revenue Service

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Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

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