

<b>22222</b>		Void <input type="checkbox"/>		a Employee's social security number		For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification numb				1 Wages, tips, other compensation 127040.13		2 Federal income tax withheld 13924.01	
c Employer's name, address, and ZIP code GLASS STREAM INC. 3675 KENNESAW N IND PKWY NW KENNESAW GA 30144-1234				3 Social security wages 134540.09		4 Social security tax withheld 8341.62	
				5 Medicare wages and tips 134540.09		6 Medicare tax withheld 1950.72	
				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 See instructions for box 12 D   7499.96	
f Employee's address and ZIP code				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b DD   27398.24	
				14 Other AUTO 5690.36		12c	
						12d	
15 State Employer's state ID number GA		16 State wages, tips, etc. 127040.13		17 State income tax 6802.23		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage & Tax Statement  
**Copy A For Social Security Administration** - Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

**2021**  
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Department of the Treasury - Internal Revenue Service  
**For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.**

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