

a Control number 341	22222	OMB No. 1545-0008
-------------------------	-------	-------------------



b Employer identification number 62-6000271
--

1 Wages, tips, other compensation 59108.28

2 Federal income tax withheld 12475.71

c Employer's name, address, and ZIP code CITY OF COOKEVILLE P.O. BOX 998 COOKEVILLE TN 38503
--

3 Social security wages 59108.28

4 Social security tax withheld 3664.71

5 Medicare wages and tips 59108.28

6 Medicare tax withheld 857.07

7 Social security tips

8 Allocated tips

d Employee's social security number 266-74-1963
--

9 Advance EIC payment

10 Dependent care benefits

e Employee's name, address, and ZIP code MICHAEL O'MARA 317 WEST SPRING ST COOKEVILLE TN 38501
--

11 Nonqualified plans

12a See instructions for box 12

13 Statutory employee	Retirement plan	Third-party sick pay
-----------------------	-----------------	----------------------

12b

14 Other DDNTB 1770.00

12c

12d



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 D For Employer or
 Copy 1 For State, City, or Local Tax Department

2002
 (Rev. February 2002)

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

