

Form **W-2 Wage and Tax Statement**  
Copy B - To Be Filed With Employee's FEDERAL Tax Return.  
This information is being furnished to the Internal Revenue Service.

**20XX**

OMB No. 1545-0008

1	Wages, tips, other compensation	2	Federal income tax withheld
3	Social security wages	4	Social security tax withheld
5	Medicare wages and tips	6	Medicare tax withheld
7	Social security tips	10	Dependent care benefits
8	Allocated tips	11	Nonqualified plans
9		12a	See instructions for box 12
12b		12c	
12d		13	Statutory emp. Retirement plan Third-party sick pay
14		14	Other
b	Employer identification number (EIN)	a	Employee's social security number
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

2-3/4"

Form **W-2 Wage and Tax Statement**  
Copy C - For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B).

**20XX**

OMB No. 1545-0008

1	Wages, tips, other compensation	2	Federal income tax withheld
3	Social security wages	4	Social security tax withheld
5	Medicare wages and tips	6	Medicare tax withheld
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9		12a	See instructions for box 12
12b		12c	
12d		13	Statutory emp. Retirement plan Third-party sick pay
14		14	Other
b	Employer identification number (EIN)	a	Employee's social security number
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
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

5/8"

Form **W-2 Wage and Tax Statement**  
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

**20XX**

OMB No. 1545-0008

1	Wages, tips, other compensation	2	Federal income tax withheld
3	Social security wages	4	Social security tax withheld
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7	Social security tips	10	Dependent care benefits
8	Allocated tips	11	Nonqualified plans
9		12a	See instructions for box 12
12b		12c	
12d		13	Statutory emp. Retirement plan Third-party sick pay
14		14	Other
b	Employer identification number (EIN)	a	Employee's social security number
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

7-3/4"

Form **W-2 Wage and Tax Statement**  
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

**20XX**

OMB No. 1545-0008

1	Wages, tips, other compensation	2	Federal income tax withheld
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17	State income tax	18	Local wages, tips, etc.
19	Local income tax	20	Locality name

10-1/2"

FROM:

Important Tax Document Enclosed

First-Class Mail

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

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