

4-3/4"

Department of the Treasury—Internal Revenue Service

<b>d</b> Control number	<b>1</b> Wages, tips, other compensation	<b>2</b> Federal income tax withheld
OMB NO. 1545-0008	<b>3</b> Social security wages	<b>4</b> Social security tax withheld
	<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld

**c** Employer's name, address and ZIP code

<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>9</b> Verification code
<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12

<b>12b</b>	<b>12c</b>	<b>12d</b>
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**b** Employer identification number (EIN) **a** Employee's social security number

<b>13</b> Statutory employee	Retirement plan	Third-party sick pay	<b>14</b> Other
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**e** Employee's name, address and ZIP code

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.

**2017** **Form W-2 Wage and Tax Statement**

Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B).

<b>15</b> State	Employer's state ID No.	<b>16</b> State wages, tips, etc.
<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	
<b>19</b> Local income tax	<b>20</b> Locality name	

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**2017** **Form W-2 Wage and Tax Statement**

Copy B-To Be Filed With Employee's FEDERAL Tax return

<b>15</b> State	Employer's state ID No.	<b>16</b> State wages, tips, etc.
<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	
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**2017** **Form W-2 Wage and Tax Statement**

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.

<b>15</b> State	Employer's state ID No.	<b>16</b> State wages, tips, etc.
<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	
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Department of the Treasury—Internal Revenue Service

9-1/2"

**1095-C**

**Employer-Provided Health Insurance Offer and Coverage**

VOID

600117

Form 1095-C  
Department of the Treasury  
Internal Revenue Service

Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

CORRECTED

OMB No. 1545-2251

**2017**

<b>Part I Employee</b>				<b>Applicable Large Employer Member (Employer)</b>								
1 Name of employee		2 Social security number (SSN)		7 Name of employer				8 Employer identification number (EIN)				
3 Street address (including apartment no.)						9 Street address (including room or suite no.)			10 Contact telephone number			
4 City or town		5 State or province		6 Country and ZIP or foreign postal code		11 City or town		12 State or province		13 Country and ZIP or foreign postal code		

<b>Part II Employee Offer of Coverage</b>						<b>Plan Start Month (Enter 2-digit number):</b>							
14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)												

<b>Part III Covered Individuals</b>															
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.															
(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
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18															
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14-7/32"