

Form for Employees' Wage & Tax Statement(W-2)		Amount/Number
a	Control # & Tax Year	Tax Year
b	Employer's FEIN (social security #)	
c	Name	
	Address	
	City, State, Zip	
d	Employee's social security #	
e	Name	
	Address	
f	City, State, Zip	
1	Gross wages	
2	Federal tax withheld	
3	Social security wages	
4	Social security tax withheld	
5	Medicare wages & tips	
6	Medicare tax withheld	
7	Social security tips	
8	Allocated tips	
9	Advance EIC payment	
10	Dependent care benefits	
11	Nonqualified plans	
Explain each item		
12	Uncollect social security tax or medicare tax on tips	
	Pension, other retirement plan payments	
	Non-taxable pay (ie sick, moving expenses)	
	Taxable cost of group-life insurance over \$50,000.	
	Employer payments to Archer MSA / health savings accounts.	
	Payments to charities	
13	Statutory employee, retirement plan, 3rd-party sick pay (circle)	
14	Other	
15	Employee paid taxes to what state	
	Employer's state ID number	
16	State wages	
17	State income tax withheld	
18	Local wages	
19	Local income tax withheld	
20	Locality name	

Skip lines or cross-out if they do not apply.