

**SUBSTITUTE FOR FORM W-2, WAGE AND TAX STATEMENT OR
FORM W-2P, STATEMENT FOR RECIPIENTS OF ANNUITIES,
PENSIONS, RETIRED PAY, OR IRA PAYMENTS**

◀ Attach to Form 1040, 1040A, 1040EZ or 1040X

1. NAME (First, middle, last)	2. SOCIAL SECURITY NUMBER
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3. ADDRESS (Number, street, city, State, ZIP code)

4. PLEASE FILL IN THE YEAR AT THE END OF THIS STATEMENT:
I have been unable to obtain or have received an incorrect Form W-2, Wage and Tax Statement, or Form W-2P, Statement for Recipients of Annuities, Pensions, Retired Pay, or IRA Payments, from my employer or payer named below, and have so notified the Internal Revenue Service. The amounts shown below are my best estimates of all wages or payments paid to me and the Federal taxes withheld by this employer or payer during 19_____.

5. EMPLOYER'S OR PAYER'S NAME, ADDRESS, AND ZIP CODE	6. EMPLOYER'S OR PAYER'S IDENTIFICATION NUMBER (If known)
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7. ADVANCE EIC (Earned Income Credit) PAYMENTS RECEIVED	8. FEDERAL INCOME TAX WITHHELD	9. WAGES, TIPS, OTHER COMPENSATION OR PAYMENTS (See Note Below)	10. SOCIAL SECURITY TAX WITHHELD	11. SOCIAL SECURITY WAGES	12. SOCIAL SECURITY TIPS
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NOTE: Include the total of (1) wages paid, (2) noncash payments, (3) tips/reported, and (4) all other compensation before deductions for taxes, insurance, etc.

13. How did you determine the amounts in items 7 through 12 above?

14. Give reason Form W-2, W-2P (or W-2C, Statement of Corrected Income and Tax Amounts) was not furnished by employer, or payer, if known, and explain your efforts to get it.

Paperwork Reduction Notice
We ask for this information to carry out the Internal Revenue laws of the United States. We need it to ensure that taxpayers are complying with these laws and to allow us to figure and collect the right amount of tax. You are required to give us this information.

IMPORTANT NOTICE: If your employer has ceased operations or filed for bankruptcy, you may wish to send a copy of this form to the Social Security Administration, 13-D-6 Metro West Tower, 301 N. Green Street, Baltimore, Maryland 21201, Attn: Lewis Oppenheimer, to ensure proper social security credit.

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

15. Your signature	16. Date
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