## WAGE AND TAX STATEMENT-1970

(For use in States or Cities authorizing combined form)

				Employer's State Id	entification Number		Copy A—
Ту	pe or print EMPLOYER'S	Federal idéntification number, nan	ne, and address above.			For Int	ernal Revenue Service
	FE	DERAL INCOME TAX INFORMATION		SOCIAL SECURIT	Y INFORMATION	STATUS	•
ı	Federal income tax withheld	Wages paid subject to withholding in 1970 ⁴	Other compensation paid in 1970 <sup>2</sup>	F.I.C.A. employee tax withheld <sup>3</sup>		1. Single 2. Married	**
-	EMPLOYEE'S social sec	curity number		Name of State	State Form N	io.	State income tax withheld
ŀ				Name of City	City Form No.		City income tax withheld
1				Manie of Oily	ony roma no	•	1
				<ul> <li>Includes tips reported by</li> <li>Report salary or other</li> <li>See Circular E.</li> <li>One-eighth of this amo</li> </ul>	reporting. **Gross wages employee. Amount is beforemployee compensation wh unt was withheld to finant r is for old-age, survivors, y employee.	e payroll ded nich was no ce the cost	uctions or sick pay exclusion t subject to withholding. of Hospital Insurance
	Type or print EMPLOYE	E'S name and address (including	g ZIP code) above.	Uncollected Emp	oloyee Tax on Tips		. \$
L					AGE AND TAX r use in States or Cities		
				Employer's State Id	entification Number		Copy A—
Ту	pe or print EMPLOYER'S	Federal identification number, nan	ne, and address above.			For In	ternal Revenue Servic
	FE	DERAL INCOME TAX INFORMATION		SOCIAL SECURI	Y INFORMATION	STATUS	*
	Federal income tax withheld	Wages paid subject to withholding in 1970 <sup>1</sup>	Other compensation paid in 1970 <sup>2</sup>	F.I.C.A. employee tax withheld <sup>3</sup>	Total F.I.C.A. wages paid in 1970 4	1. Single 2. Married	. 0 +
4	EMPLOY <u>EE'</u> S social se	curity number		Name of State	State Form	No.	State income tax withhel
I				Name of City	City Form No	).	City income tax withheld
				<ul> <li>Includes tips reported by Report salary or other See Circular E.</li> <li>One-eighth of this amount</li> </ul>	y reporting. **Gross wages y employee. Amount is beforemployee compensation wount was withheld to finanter is for old-age, survivors, by employee.	e payroll dec hich was no ce the cost	ductions or sick pay exclusion of subject to withholding. of Hospital Insurance
1	Type or print EMPLOY	E'S name and address (includin	g ZIP code) above.	Uncollected Em	ployee Tax on Tips		. \$
F	DRM <b>W</b> —2 Departme	nt of the Treasury, Internal Re	evenue Service	(Fo	AGE AND TAX r use in States or Cities entification Number	STAT	g combined form)
Tu	one or print EMPLOYER'S	Federal idéntification number, nan	ne. and address above.			For In	Copy A— ternal Revenue Servic
ľ	<del></del>	DERAL INCOME TAX INFORMATION	,	SOCIAL SECURI	TY INFORMATION	STATUS	•
	Federal income tax withheld	Wages paid subject to withholding in 1970 1	Other compensation paid in 1970 <sup>2</sup>	F.I.C.A. employee tax withheld <sup>3</sup>	Total F.I.C.A. wages paid in 1970 4	1. Single 2. Married	0 th
	EMPLOYEE'S social se	curity number		Name of State	State Form	No.	State income tax withhel
	**************************************			Name of City	City Form No	) <b>.</b>	City income tax withheld
				*See Circ. E for sick par ¹ Includes tips reported by ² Report salary or other See Circular E. ³ One-eighth of this am Benefits. The remainde ⁴ Includes tips reported I	y reporting. **Gross wages y employee. Amount is befor employee compensation w ount was withheld to finan our is for old-age, survivors, by employee.	ofor State in the payroll de hich was not ceethe cost, and disabi	f different from Federal.  f different from Federal.  ductions or sick pay exclusion  t subject to withholding.  of Hospital Insurance  lity insurance.

Uncollected Employee Tax on Tips

## WAGE AND TAX STATEMENT—1970

(For use in States or Cities authorizing combined form)

Employer's State Identification Number Copy 1-For Type or print EMPLOYER'S Federal identification number, name, and address above. State or City Tax Dept. FEDERAL INCOME TAX INFORMATION SOCIAL SECURITY INFORMATION STATUS Federal income tax Wages paid subject to withholding in 1970 1 Other compensation paid in 1970 F.I.C.A. employee tax withheld Total F.I.C.A. wages paid in 1970 1. Single 2. Married withheld Name of State State income tax withheld State Form No. EMPLOYEE'S social security number Name of City City Form No. City income tax withheld See Circ. E for sick pay reporting. \*\*Gross wages for State if different from Federal. <sup>1</sup> Includes tips reported by employee. Amount is before payroll deductions or sick pay exclusion. INSTRUCTIONS TO EMPLOYERS: State or city copies of this wage and tax statement should be prepared and filed for employees in accordance with State or city instructions. FOR STATE OR CITY USE ONLY Employee's copy and employer's Type or print EMPLOYEE'S name and address (including ZIP code) above. copy compared 16-80571-1 WAGE AND TAX STATEMENT-(For use in States or Cities authorizing combined form) Employer's State Identification Number Copy 1—For Type or print EMPLOYER'S Federal identification number, name, and address above. State or City Tax Dept. FEDERAL INCOME TAX INFORMATION SOCIAL SECURITY INFORMATION **STATUS** 1. Single 2. Married Total F.I.C.A. wages paid in 1970 Federal income tax Wages paid subject to withholding in 1970 1 Other compensation paid in 1970 F.I.C.A. employee tax withheld withheld Name of State State Form No. State income tax withheld EMPLOYEE'S social security number Name of City. City Form No. City Income tax withheld °See Circ. E for sick pay reporting. °Gross wages for State if different from Federal.

¹ Includes tips reported by employee. Amount is before payroll deductions or sick pay exclusion. INSTRUCTIONS TO EMPLOYERS: State or city copies of this wage and tax statement should be prepared and filed for employees in accordance with State or city instructions. FOR STATE OR CITY USE ONLY Employee's copy and employer's copy compared Type or print EMPLOYEE'S name and address (including ZIP code) above. 16-80571-1 WAGE AND TAX STATEMENT—1970 (For use in States or Cities authorizing combined form) Employer's State Identification Number Copy 1—For Type or print EMPLOYER'S Federal identification number, name, and address above State or City Tax Dept. FEDERAL INCOME TAX INFORMATION SOCIAL SECURITY INFORMATION **STATUS** Wages paid subject to withholding in 1970 1 Total F.I.C.A. wages paid in 1970 1. Single 2. Married Federal income tax Other compensation paid in 1970 F.I.C.A. employee withheld tax withheld State income tax withheld Name of State State Form No. EMPLOYEE'S social security number

Name of City.

Type or print EMPLOYEE'S name and address (including ZIP code) above.

1 Includes tips reported by employee. Amount is before payroll deductions or sick pay exclusion.
INSTRUCTIONS TO EMPLOYERS: State or city copies of this wage and tax statement should be prepared and filed for employees in accordance with State or city instructions.

FOR STATE OR CITY USE ONLY

Employee's copy and employer's copy compared . . . .

City Form No.

See Circ. E for sick pay reporting. \*\*\*Gross wages for State if different from Federal.

City income tax withheld

#### WAGE AND TAX STATEMENT—1970 (For use in States or Cities authorizing combined form) Copy B-To be Employer's State Identification Number filed with employee's **FEDERAL** tax return SOCIAL SECURITY INFORMATION STATUS 1. Single 2. Married Total F.I.C.A. wages paid in 1970 4 F.I.C.A. employee tax withheld 3 State income tax withheld State Form No.

Federal income tax withheld Wages paid subject to withholding in 1970 3 Other compensation paid in 1970 2 Name of State EMPLOYEE'S social security number

Uncollected Employee Tax on Tips

Excludable sick pay.
 Gross wages for State if different from Federal.
 Includes tips reported by employee. Amount is before payroll deductions or sick pay exclusion.
 Add this item to wages in figuring the amount to be reported as wages and salaries on your income tax return.

City Form No.

One-eighth of this amount was withheld to finance the cost of Hospital Insurance Benefits. The remainder is for old-age, survivors, and disability insurance.

Includes tips reported by employee.

Type or print EMPLOYEE'S name and address (including ZIP code) above. FORM W-2 Department of the Treasury, Internal Revenue Service

Type or print EMPLOYER'S Federal identification number, name, and address above.

FEDERAL INCOME TAX INFORMATION

16-80571-1

City income tax withheld

### WAGE AND TAX STATEMENT—1970

			(Fo	or use in States or Cities dentification Number	authorizin	
Type or print EMPLOY <u>ER</u> 'S I	Federal identification number, na				FEDERAL tax return	
FEDERAL INCOME TAX INFORMATION			SOCIAL SECURI	TY INFORMATION	STATUS	•
Federal income tax Wages paid subject to withheld withholding in 1970 <sup>1</sup>		Other compensation paid in 1970 <sup>2</sup>			1. Single 2. Married	88
EMPLOYEE'S social sec	curity number	1	Name of State	State Form City Form N		State income tax withheld
			1 Includes tips reported b 2 Add this item to wage your income tax return 3 One-eighth of this am	es in figuring the amount ount was withheld to fina er is for old-age, survivor	ore payroll de to be report nce the cost	ductions or sick pay exclusion.  od as wages and salaries on  of Hospital Insurance
Type or print EMPLOYE	E'S name and address (includ	ing ZIP code) above.	Uncollected Em	ployee Tax on Tips	s	. \$
FORM W-2 Departmen	it of the Treasury, Internal	Revenue Service				16-80571-1

Name of City

## 

Type or print EMPLOYER'S I	Federal identificatio	on number nan	ne and address above			tes or Cities	authorizing	g combined form) Copy B—To be filed with employee's FEDERAL tax return
<u> </u>	DERAL INCOME TAX			SOCIAL SECURI	TY INFORMA	TION	STATUS	e .
Federal income tax withheld	Wages paid s withholding i	subject to	Other compensation paid in 1970 <sup>2</sup>	F.I.C.A. employee tax withheld <sup>3</sup>		C.A. wages 1970 *	1. Single 2. Married	**
EMPLOYEE'S social sec	curity number		I	Name of State		State Form	No.	State income tax withheld
				Name of City		City Form N	0.	City income tax withheld
				* Excludable sick pay. <sup>1</sup> Includes tips reported b <sup>2</sup> Add this item to wage your income tax return. <sup>3</sup> One-eighth of this am Benefits. The remainde <sup>4</sup> Includes tips reported	y employee. A s in figuring ount was with er is for old-	mount is before the amount inheld to final age, survivors	re payroll ded to be reporte nce the cost	uctions or sick pay exclusion. d as wages and salaries en of Hospital Insurance
Type or print EMPLOYE	E'S name and add	lress (includin	g ZIP code) above.	Uncollected Em	ployee Ta	x on Tips		. \$

# WAGE AND TAX STATEMENT—1970 (For use in States or Cities authorizing combined form)

				Employer's State Id	entification Number		Copy C—
ype or print EMPLOYER'S	Federal identification	on number, nam	e, and address above.			Fo	r employee's records
FE	DERAL INCOME TAX	INFORMATION		SOCIAL SECURIT	Y INFORMATION	STATUS	•
Federal income tax withheld	Wages paid : withholding i	subject to in 1970 <sup>1</sup>	Other compensation paid in 1970 <sup>2</sup>	F.I.C.A. employee tax withheld <sup>3</sup>	Total F.I.C.A. wages paid in 1970 <sup>4</sup>	1. Single 2. Married	**
EMPLOYEE'S social se	curity number			Name of State	State Form	No.	State income tax withheld
,	·			Name of City	City Form I	lo.	City income tax withheld
				<ul> <li>Add this item to wages your income tax return.</li> <li>One-eighth of this amo</li> </ul>	employee. Amount is bef in figuring the amount unt was withheld to fina r is for old-age, survivor	ore payroll de to be reporte ince the cost	ductions or sick pay exclusion and as wages and safaries of of Hospital Insurance
Type or print EMPLOYE	E'S name and add	ress (including	ZIP code) above.		oloyee Tax on Tip	s	. \$
ORM <b>W—2</b> Departmer	nt of the Treasury	y, internal Re	venue Service		AGE AND TA		16—80571-1 TEMENT——197( ng combined form)
				Employer's State Io	entification Number		Copy C-
ype or print EMPLOY <u>ER</u> 'S	Federal identificati	on number, nar	ne, and address above.			F	or employee's records
F	EDERAL INCOME TAX	INFORMATION		SOCIAL SECURI	TY INFORMATION	STATUS	
Federal income tax withheld	Wages paid withholding	subject to in 1970 <sup>1</sup>	Other compensation paid in 1970 <sup>2</sup>	F.I.C.A. employee tax withheld <sup>3</sup>	Total F.I.C.A. wages paid in 1970 4	1. Single 2. Married	95
EMPLOYEE'S social so	ecurity number			Name of State	State Form	No.	State income tax withher
		•		Name of City	City Form	Ne.	City income tax withheld
				2 Add this item to wage your income tax return 3 One-eighth of this am	y employee. Amount is be in figuring the amoun ount was withheld to fin er is for old-age, survive	fore payroll de t to be report ance the cost	eductions or sick pay exclusion and as wages and salaries of tof Hospital Insurance
Type or print EMPLOY	EE'S name and ad	dress (încludin	g ZiP code) above.	Uncollected Em	ployee Tax on Tip	s	. \$
FORM <b>W—2</b> Departme	ent of the Treasu	ry, internal Ro	evenue Service	(Fo	AGE AND TA		
'ype or print EMPLOYER'S	Federal identificati	on number, nar	ne, and address above.			F	Copy C— or employee's records
	EDERAL INCOME TAX			SOCIAL SECURI	TY INFORMATION	STATUS	0
Federal income tax withheld	Wages paid withholding		Other compensation paid in 1970 <sup>2</sup>	F.I.C.A. employee tax withheld <sup>8</sup>	Total F.I.C.A. wages paid in 1970 *	1. Single 2. Married	<b>e</b> s
EMPLOYEE'S social so	ecurity number			Name of State	State Form	ı No.	State income tax withhel
	-	J		Name of City	City Form	No.	City income tax withheld
				2 Add this item to wage your income tax return 3 One-eighth of this am	y employee. Amount is be s in figuring the amoun bunt was withheld to fin er is for old-age, survivo	fore payroll de t.to be report ance the cost	ductions or sick pay exclusions of as wages and sajaries of Hospital Insurance

Type or print EMPLOYEE'S name and address (including ZIP code) above.

Uncollected Employee Tax on Tips

#### **NOTICE TO EMPLOYEE:**

- 1. Income Tax Wages.—This statement is important. Copy B must be filed with your U.S. Income Tax Return for 1970 and Copy 2 must be filed with your State or City Income Tax Return for 1970. If your social security number, name, or address is stated incorrectly, correct the information on copies B and 2 and notify your employer.
- Social Security Wages.—If your wages were subject to social security taxes, but are
  not shown, your social security wages are the same as wages shown under
  "FEDERAL INCOME TAX INFORMATION," but not more than \$7,800.
- 3. Credit For F.I.C.A. Tax.—If more than \$374.40 of F.I.C.A. (social security and hospital insurance) employee tax was withheld during 1970 because you received wages from more than one employer, the excess should be claimed as a credit against your Federal income tax. See instructions with your Federal Income tax return.
- 4. A copy of this form has been sent to the Internal Revenue Service.

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- 3. Credit For F.I.C.A. Tax.—If more than \$374.40 of F.I.C.A. (social security and hospital insurance) employee tax was withheld during 1970 because you received wages from more than one employer, the excess should be claimed as a credit against your Federal income tax. See instructions with your Federal Income tax return.
- 4. A copy of this form has been sent to the Internal Revenue Service.

### WAGE AND TAX STATEMENT—1970

(For use in States or Cities authorizing combined form)

Copy 2—To be filed Employer's State Identification Number with Employee's State or Type or print EMPLOYER'S Federal identification number, name, and address above. **City Income Tax Return** FEDERAL INCOME TAX INFORMATION SOCIAL SECURITY INFORMATION STATUS 1. Single 2. Married Federal income tax withheld Wages paid subject to withholding in 1970 3 Total F.I.C.A. wages paid in 1970 Other compensation paid in 1970 F.I.C.A. employee tax withheld 88 State income tax withheld Name of State State Form No. EMPLOYEE'S social security number City Form No. City income tax withheld Name of City \*Excludable sick pay. \*\*Gross wages for State if different from Federal.

Includes tips reported by employee. Amount is before payroll deductions or sick pay exclusion.

NOTICE TO EMPLOYEE

THIS STATEMENT IS IMPORTANT. IT MUST BE ATTACHED TO YOUR STATE OR CITY INCOME TAX RETURN TO CLAIM CREDIT FOR ANY TAX WITHHELD. FOR STATE OR CITY USE ONLY

Type or print EMPLOYEE'S name and address (including ZIP code) above.

Employee's copy and employer's copy compared . . . . .

16-80571-1

## WAGE AND TAX STATEMENT-1970

(For use in States or Cities authorizing combined form)

Type or print EMPLOYER'S Federal ide	ntiffeation milliher, nan		Employer's State Id	entification Number	─ wit	opy 2—To be filed h Employee's State or ny Income Tax Return
FEDERAL INCOME TAX INFORMATION			SOCIAL SECURIT	TY INFORMATION	STATUS	*
Federal income tax Wages paid subject to withheld withholding in 1970 3		Other compensation paid in 1970	F.I.C.A. employee Total F.I.C.A. wages		1. Single 2. Married	08
EMPLOYEE'S social security num	aber 🏲	,	Name of State	State Form	No.	State Income tax withheld
			Name of City	City Form N	0.	City Income tax withheld
			<sup>1</sup> Includes tips reported by	NOTICE TO EMPL	e payroll dedu <b>.OYEE</b>	ctions or sick pay exclusion。
			THIS STATEMENT IS I INCOME TAX RETURN	MPORTANT. IT MUST B TO CLAIM CREDIT FOR A	E ATTACHED	TO YOUR STATE OR CITY HHELD.
Type or print EMPLOY <u>EE'</u> S name a	and address (including	g ZIP code) above.	FOR ST Employee's copy an copy compared .	ATE OR CITY USE ONL d employer's	.Y	

16-80571-1

## WAGE AND TAX STATEMENT—1970

(For use in States or Cities authorizing combined form)

P	90_99998990		Employer's State Id	entification Number	− <sub>1</sub> wit	opy 2—To be fil h Employee's St	ate or
Type or print EMPLOYER'S	Federal identification number, nan	ne, and address above.			l Ci	ty Income Tax Re	eturn
FE	DERAL INCOME TAX INFORMATION		SOCIAL SECURIT	TY INFORMATION	STATUS	•	
Federal income tax withheld	Wages paid subject to withholding in 1970 <sup>1</sup>	Other compensation paid in 1970	F.I.C.A. employee tax withheld	Total F.I.C.A. wages paid in 1970	1. Single 2. Married	••	<del></del>
EMPLOYEE'S social se	curity number		Name of State	State Form	No.	State income tax w	ithheld
			Name of City.	City Form N	0.	City income tax wi	thheld
			<sup>1</sup> Includes tips reported by THIS STATEMENT IS I	*Gross wages for State if employee. Amount is before NOTICE TO EMPL MPORTANT. IT MUST B TO CLAIM CREDIT FOR A	e payroll dedu <b>OYEE</b> E ATTACHED	ctions or sick pay exc TO YOUR STATE (	
				ATE OR CITY USE ONL			7
Type or print EMPLOYE	E'S name and address (including	g ZIP code) above.	Employee's copy an	d employer's			

# WAGE AND TAX STATEMENT—1970 (For use in States or Cities authorizing combined form)

ype or print EMPLOYER'S	: Federal identificati	on number se	me and address ahove	Employer's State Id	westerneauon Num	1901	٦	Copy D— For Employe
	EDERAL INCOME TAX	· Marketon and the con-	ille, allu auuless above.	SOCIAL SECURITY INFORMATION		9.0	STATUS	*
Federal income tax	Wages paid withholding		Other compensation	F.I.C.A. employee	Total F.I.C.A.	Wages	1. Single	1
withheld	withholding	in 1970 <sup>1</sup>	paid in 1970 <sup>2</sup>	tax withheld <sup>3</sup>	paid in 19	70 4	2. Married	••
EMPLOYEE'S social se	ecurity number		<u> </u>	Name of State	Sta	ite Form I	No.	State income tax withhe
				Name of City	City	y Form No	).	City Income tax withhel
				<sup>1</sup> Includes tips reported b	y employee. Amou r employee comp ount was withhel er is for old-age,	unt is befor pensation	e payroll de which was	
Type or print EMPLOY	EE'S name and add	dress (includin	ig ZIP code) above.	Uncollected Em		on Tips		. \$
DRM W-2 Departme	nt of the Treasur	v. Internal R	evenue Service		project run	1,50		16-80571-1
					or use in States	or Cities		EMENT—1970 g combined form) Copy D—
pe or print EMPLOY <u>ER</u> 'S	Federal identificati	on number, nai	me, and address above.				<u> </u>	For Employe
	EDERAL INCOME TAX		T 12	<del></del>	TY INFORMATIO		STATUS	•
Federal income tax withheld	Wages paid withholding	subject to in 1970 <sup>1</sup>	Other compensation paid in 1970 <sup>2</sup>	F-I.C.A. employee tax withheld *	Total F.I.C.A. paid in 19	wages 70 <sup>4</sup>	1. Single 2. Married	**
EMPLOYEE'S social se	ecurity number			Name of State	Sta	ite Form A	ło.	State Income tax withhel
		•		Name of City	City	Form No	•	City Income tax withheld
				1 Includes tipe reported h	y employee. Amou r employee comp ount was withhel er is for old-age,	int is before pensation v d to finance	e payroll dec which was : ce the cost	different from Federal. Juctions or sick pay exclusion of subject to withholdin of Hospital Insurance lity insurance.
Type or print EMPLOY	EE'S name and add	dress (includin	ig ZIP code) above.	Uncollected Em		on Tips		. \$
DRM <b>W—2</b> Departme	nt of the Treasur	y, Internal Ro	evenue Service					16-80571-1  EMENT—1970
				(Fo Employer's State Id			authorizing	g combined form)
pe or print EMPLOYER'S	Federal identification	on number, nan	ne, and address above.	Employer 3 State To	entitication Hum		7	Copy D— For Employer
	DERAL INCOME TAX			SOCIAL SECURIT	TY INFORMATION	•	STATUS	6
Federal income tax withheld	Wages paid withholding	subject to in 1970 <sup>1</sup>	Other compensation paid in 1970 <sup>2</sup>	F.I.C.A. employee tax withheld <sup>3</sup>	Total F.I.C.A. paid in 197		1. Single 2. Married	••
EMPLOY <u>EE'</u> S social se	curity number			Name of State	Stat	te Form N	lo.	State income tax withheld
				Name of City	City	Form No.	'	City income tax withheld
				*See Circ. E for sick pay  1 Includes tips reported by 2 Report salary or other See Circular E. 3 One-eighth of this amo Benefits. The remainde	y employee. Amou employee comp ount was withheld er is for old-age.	nt is before ensation w d to finance	payroll ded thich was r	uctions or sick pay exclusion of subject to withholdin of Hospital Insurance

Type or print EMPLOYEE'S name and address (including ZIP code) above.

Uncollected Employee Tax on Tips

- **TO EMPLOYER:** While use of this 6-part wage and tax statement is acceptable in most States, if you are in doubt contact your appropriate State or city official.
- 1. Prepare this form for each employee (a) from whom income tax has been withheld during the year or (b) whose wages (including tips reported), for purposes of income tax withholding, exceeded the amount of one withholding exemption for any payroll period (even though no income tax was withheld). If "other compensation" plus wages, if any, of \$600 or more is paid to an employee in the year, copy A of Form W–2 must be furnished to the Internal Revenue Service, even though no wages are subject to income tax withholding.
  - 2. Fill in—(a) Your identification number, name, and address.
- (b) Amount of income tax deducted and withheld. If no amount was deducted, enter "None" or "0."
- (c) Total wages paid and tips reported before any payroll deductions. Payments of "sick pay" and non-cash remuneration are considered wages. If an employer keeps the records described in Circular E he may also enter amounts of excludable sick pay in the space designated.
- (d) Other compensation. This block should include all other compensation (amounts includable in gross income but not subject to income tax withholding) paid to an employee.
- (e) Total amount of F.I.C.A. employee tax (not the employer tax) deducted and withheld, if any (but if there was an adjustment in

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- **TO EMPLOYER:** While use of this 6-part wage and tax statement is acceptable in most States, if you are in doubt contact your appropriate State or city official.
- 1. Prepare this form for each employee (a) from whom income tax has been withheld during the year or (b) whose wages (including tips reported), for purposes of income tax withholding, exceeded the amount of one withholding exemption for any payroll period (even though no income tax was withheld). If "other compensation" plus wages, if any, of \$600 or more is paid to an employee in the year, copy A of Form W–2 must be furnished to the Internal Revenue Service, even though no wages are subject to income tax withholding.
  - 2. Fill in—(a) Your identification number, name, and address.
- (b) Amount of income tax deducted and withheld. If no amount was deducted, enter "None" or "0."
- (c) Total wages paid and tips reported before any payroll deductions. Payments of "sick pay" and non-cash remuneration are considered wages. If an employer keeps the records described in Circular E he may also enter amounts of excludable sick pay in the space designated.
- (d) Other compensation. This block should include all other compensation (amounts includable in gross income but not subject to income tax withholding) paid to an employee.
- (e) Total amount of F.I.C.A. employee tax (not the employer tax) deducted and withheld, if any (but if there was an adjustment in

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1970 to correct the tax for a prior year enter the amount withheld in 1970 increased by the adjustment for an overcollection or decreased by the adjustment for an undercollection). If F.I.C.A. wages were paid or tips reported but no employee tax was deducted, enter "None" or "0."

- (f) Total wages paid and tips reported (before payroll deductions) subject to the Federal Insurance Contributions Act. Non-cash remuneration is considered wages. If not subject to F.I.C.A., enter "None" or "0." No F.I.C.A. wage entry need be made if (1) F.I.C.A. wages exactly equal the total wages for income tax withholding purposes, or (2) F.I.C.A. wages are \$7,800 and the total wages for income tax withholding purposes exceed \$7,800.
- (g) Uncollected employee tax on tips. See Circular E for instructions.
  - (h) The employee's social security number, name, and address.
- (i) State and local government employers who have been assigned an identification number with the prefix 69 should also show this number.
- **3.** Give copies B, C and 2 to the employee (a) on or before January 31 following the calendar year if the employee is in your employ at the close of such year, or (b) within 30 days after the last payment of wages, if his employment is terminated before the close of such year.
- **4.** Forward copy A to the Internal Revenue Service. For further information see Form 941 and Circular E. Farmers, see Circular A.
- 1970 to correct the tax for a prior year enter the amount withheld in 1970 increased by the adjustment for an overcollection or decreased by the adjustment for an undercollection). If F.I.C.A. wages were paid or tips reported but no employee tax was deducted, enter "None" or "0."
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- **4.** Forward copy A to the Internal Revenue Service. For further information see Form 941 and Circular E. Farmers, see Circular A.
- **TO EMPLOYER:** While use of this 6-part wage and tax statement is acceptable in most States, if you are in doubt contact your appropriate State or city official.
- 1. Prepare this form for each employee (a) from whom income tax has been withheld during the year or (b) whose wages (including tips reported), for purposes of income tax withholding, exceeded the amount of one withholding exemption for any payroll period (even though no income tax was withheld). If "other compensation" plus wages, if any, of \$600 or more is paid to an employee in the year, copy A of Form W–2 must be furnished to the Internal Revenue Service, even though no wages are subject to income tax withholding.
  - 2. Fill in—(a) Your identification number, name, and address.
- (b) Amount of income tax deducted and withheld. If no amount was deducted, enter "None" or "0."
- (c) Total wages paid and tips reported before any payroll deductions. Payments of "sick pay" and non-cash remuneration are considered wages. If an employer keeps the records described in Circular E he may also enter amounts of excludable sick pay in the space designated.
- (d) Other compensation. This block should include all other compensation (amounts includable in gross income but not subject to income tax withholding) paid to an employee.
   (e) Total amount of F.I.C.A. employee tax (not the employer
- (e) Total amount of F.I.C.A. employee tax (not the employer tax) deducted and withheld, if any (but if there was an adjustment in

- 1970 to correct the tax for a prior year enter the amount withheld in 1970 increased by the adjustment for an overcollection or decreased by the adjustment for an undercollection). If F.I.C.A. wages were paid or tips reported but no employee tax was deducted, enter "None" or "0."
- (f) Total wages paid and tips reported (before payroll deductions) subject to the Federal Insurance Contributions Act. Non-cash remuneration is considered wages. If not subject to F.I.C.A., enter "None" or "0." No F.I.C.A. wage entry need be made if (1) F.I.C.A. wages exactly equal the total wages for income tax withholding purposes, or (2) F.I.C.A. wages are \$7,800 and the total wages for income tax withholding purposes exceed \$7,800.
- (g) Uncollected employee tax on tips. See Circular E for instructions.
  - (h) The employee's social security number, name, and address.
- (i) State and local government employers who have been assigned an identification number with the prefix 69 should also show this number.
- **3.** Give copies B, C and 2 to the employee (a) on or before January 31 following the calendar year if the employee is in your employ at the close of such year, or (b) within 30 days after the last payment of wages, if his employment is terminated before the close of such year.
- **4.** Forward copy A to the Internal Revenue Service. For further information see Form 941 and Circular E. Farmers, see Circular A.