	For Office	cial Use Only	Wage and Tax Statement 197					
				Type or print EMPLOYER'S name, address, ZIP code and	Re	Copy A For I venue Servi	nternal ce Center	
				Federal identifying number.	Emplo	yer's State iden	tifying number	
21 🔲	Employee's social security number	1 Federal income tax withheld	Wage, tips, and other compensation	3 FICA employee tax withheld	x	4 Total FICA	wages	
	Type or print Employee's name, a (Name must align with arrow)	ddress, and ZIP code below.	5 Was employee covered by a qualified pension plan, etc.?	6 *		7 *		
Name •			8 State or local tax withheld	9 State or local wage	es	10 State or loc	ality	
			11 State or local tax withheld	12 State or local wage	es	13 State or loc	ality	
			* See instructions on back of Co	pv D		<u> </u>		
i	Form W-2	See instructions on	Form W–3 and back of Copy [Departmen	nt of the T	Treasury—Internal	40 = 1	
	For Office	cial Use Only	Wage	e and Tax S	State	ement	197	
				Type or print EMPLOYER'S name, address, ZIP code and		Copy A For I		
				Federal identifying number.	Emplo	oyer's State iden	tifying numbe	
21 🔲	Employee's social security number	1 Federal income tax withheld	Wage, tips, and other compensation	3 FICA employee ta withheld	x	4 Total FICA	wages	
	Type or print Employee's name, a (Name must align with arrow)	address, and ZIP code below.	5 Was employee covered by a qualified pension plan, etc.?	6 *		7 *		
Name •			8 State or local tax withheld	9 State or local wag	es	10 State or loc	cality	
			11 State or local tax withheld	12 State or local wag	es	13 State or loc	cality	
			* See instructions on back of Co	pv D				
'	Form W-2	See instructions on	Form W–3 and back of Copy	D Departme		Treasury—Internal	Revenue Servic	
	For Office	cial Use Only	wage	e and Tax S	otat	ement		
				Type or print EMPLOYER'S name, address, ZIP code and		Copy A For levenue Servi		
				Federal identifying number.	Emplo	oyer's State ider	itifying numbe	
21 🔲	Employee's social security number	1 Federal income tax withheld	Wage, tips, and other compensation	3 FICA employee ta withheld	X	4 Total FICA	wages	
	Type or print Employee's name, a (Name must align with arrow)	address, and ZIP code below.	5 Was employee covered by a qualified pension plan, etc.?	6 *		7 *		
Name >			8 State or local tax withheld	9 State or local wag	es	10 State or loo	cality	
			11 State or local tax withheld	12 State or local wag	es	13 State or loc	cality	

* See instructions on back of Copy D

			1	Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.		Copy B To be led with employee's EDERAL tax return
					Emplo	yer's State identifying number
Employee's social security number	1 Federal income tax withheld	2 Wage, tips, and other compensation	3	FICA employee tax withheld	(4 Total FICA wages
Type or print Employee's name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?		*		7 *
		8 State or local tax withheld	9	State or local wage	es	10 State or locality
		11 State or local tax withheld	12	State or local wage	es	13 State or locality
Form W-2 Thi	s information is being furnished to	the Internal Revenue Service.		Departmen	nt of the	Freasury—Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

Wage and Tax Statement

			o ana rax c		
			Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.	F	Copy B To be led with employee's EDERAL tax return lyer's State identifying number
Employee's social security number	1 Federal income tax withheld	Wage, tips, and other compensation	3 FICA employee tax withheld	(4 Total FICA wages
Type or print Employee's name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?	6 *		7 *
		8 State or local tax withheld	9 State or local wage	es	10 State or locality
		11 State or local tax withheld	12 State or local wage	es	13 State or locality

Form W-2 This information is being furnished to the Internal Revenue Service.

Department of the Treasury—Internal Revenue Service

Department of the Treasury—Internal Revenue Service

Wage and Tax Statement

				Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.	F	Copy B To be ed with employee's EDERAL tax return yer's State identifying number
Employee's social security number	Federal income tax withheld	Wage, tips, and other compensation	3	FICA employee tax withheld		4 Total FICA wages
Type or print Employee's name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?	6	*		7 *
		8 State or local tax withheld	9	State or local wage	es	10 State or locality
		11 State or local tax withheld	12	State or local wage	es	13 State or locality

			1	Type or print EMPLOYER'S name, address, ZIP code and		Copy C For employee's record	
				Federal identifying number.	Emplo	yer's State identifying number	
Employee's social security number	1 Federal income tax withheld	2 Wage, tips, and other compensation	3	FICA employee tax withheld	K	4 Total FICA wages	
Type or print Employee"s name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?		*		7 *	
		8 State or local tax withheld	9	State or local wage	es	10 State or locality	
		11 State or local tax withheld	12	State or local wage	es	13 State or locality	

Form **W-2**

This information is being furnished to the Internal Revenue Service.

Department of the Treasury—Internal Revenue Service

Wage and Tax Statement

1975

			Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.	Copy C For employee's record Employer's State identifying number
Employee's social security number	1 Federal income tax withheld	Wage, tips, and other compensation	3 FICA employee tax withheld	x 4 Total FICA wages
Type or print Employee"s name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?	6 *	7 *
		8 State or local tax withheld	9 State or local wage	es 10 State or locality
		11 State or local tax withheld	12 State or local wage	es 13 State or locality
Form W-2 Th	is information is being furnished to	the Internal Revenue Service.	Departme	nt of the Treasury—Internal Revenue Service

Wage and Tax Statement

<u> 1975</u>

			Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.	Copy C For employee's record Employer's State identifying number
Employee's social security number	1 Federal income tax withheld	Wage, tips, and other compensation	3 FICA employee tax withheld	4 Total FICA wages
Type or print Employee"s name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?	6 *	7 *
		8 State or local tax withheld	9 State or local wage	s 10 State or locality
		11 State or local tax withheld	12 State or local wage	13 State or locality

NOTICE TO EMPLOYEE:

You must file Copy B of this Form W-2 with your Federal income tax return for 1975. If applicable, file copy 2 with your State or local income tax return for 1975. If your social security number, name, or address is incorrectly shown, please correct Copies B, C, and 2, and notify your employer.

- 1. Wages Subject to Social Security (FICA) Taxes.—If your wages are subject to FICA taxes and there is no entry in box 4, then box 4 is either (a) the same as the amount shown in box 2, or (b) is the maximum amount subject to FICA taxes.
- 2. Credit for FICA Tax.—If more than the maximum FICA (social security and hospital insurance) employee tax was withheld during 1975 because you received wages from more than one employer, claim the excess as a credit
- against your Federal Income tax. (See your Federal Income tax return Instructions.) The social security (FICA) rate of 5.85% includes 0.90% for hospital insurance benefits and 4.95% for old-age survivors', and disability Insurance.
- **3.** Box 5.—If you were covered by a qualified pension or profit-sharing retirement plan, the word "YES" will be entered in box 5. If you were not covered by a qualified plan, the word "NO" will be entered in box 5.

NOTICE TO EMPLOYEE:

You must file Copy B of this Form W–2 with your Federal income tax return for 1975. If applicable, file copy 2 with your State or local income tax return for 1975. If your social security number, name, or address is incorrectly shown, please correct Copies B, C, and 2, and notify your employer.

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- against your Federal Income tax. (See your Federal Income tax return Instructions.) The social security (FICA) rate of 5.85% includes 0.90% for hospital insurance benefits and 4.95% for old-age survivors', and disability Insurance.
- **3. Box 5.**—If you were covered by a qualified pension or profit-sharing retirement plan, the word "YES" will be entered in box 5. If you were not covered by a qualified plan, the word "NO" will be entered in box 5.

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			1	Type or print EMPLOYER'S name, address, ZIP code and		Copy D For employer
				Federal identifying number.	Emplo	oyer's State identifying number
Employee's social security number	1 Federal income tax withheld	Wage, tips, and other compensation	3	FICA employee tax withheld	(4 Total FICA wages
Type or print Employee's name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?	6	*		7 *
		8 State or local tax withheld	9	State or local wage	es	10 State or locality
		11 State or local tax withheld	12	State or local wage	es	13 State or locality
Form W-2				Departme	nt of the	Treasury—Internal Revenue Service

Wage and Tax Statement

Department of the Treasury—Internal Revenue Service

			Type or print EMPLOYER'S name, address, ZIP code and Federal	Copy D For employer
		•	identifying number.	Employer's State identifying number
Employee's social security number	1 Federal income tax withheld	2 Wage, tips, and other compensation	3 FICA employee ta: withheld	x 4 Total FICA wages
Type or print Employee's name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?		7 *
		8 State or local tax withheld	9 State or local wag	es 10 State or locality
		11 State or local tax withheld	12 State or local wag	es 13 State or locality
Form W-2			Departme	nt of the Treasury—Internal Revenue Service

Wage and Tax Statement

		Type or print EMPLOYER'S name, address, ZIP code and	Copy D For employer
		Federal identifying number.	Employer's State identifying number
Employee's social security number 1 Federal income tax withheld	Wage, tips, and other compensation	3 FICA employee tax withheld	4 Total FICA wages
Type or print Employee's name, address, and ZIP code below.	5 Was employee covered by a qualified pension plan, etc.?	6 *	7 *
	8 State or local tax withheld	9 State or local wage	es 10 State or locality
	11 State or local tax withheld	12 State or local wage	es 13 State or locality

Instructions for Preparing Form W-2

(References are to the Internal Revenue Code)

This 6-part wage and tax statement is acceptable in most States, but if you are in doubt, ask your appropriate State or local official about its acceptability.

Prepare this form for each employee:

- (a) from whom you have withheld income tax or social security tax during the year, or
- (b) from whom you would have withheld income tax for any payroll period during the year If the employee had claimed no more than one withholding allowance, or
- (c) to whom you paid \$600 or more during the year, or
- (d) to whom you paid remuneration (which is includible in your employee's gross income) for services, including the cash value of such remuneration paid in any medium other then cash. This applies if you are engaged in a trade or business and the employee is covered by a deferred compensation plan described in section 404 of the Code (whether or not such plan is "qualified"). **Note:** For 1975 the rules in (d) apply (1) if the employee is covered by a plán that càme into existence after January 1,

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- (c) to whom you paid \$600 or more during the year, or
- (d) to whom you paid remuneration (which is includible in your employee's gross income) for services, including the cash value of such remuneration paid in any medium other then cash. This applies if you are engaged in a trade or business and the employee is covered by a deferred compensation plan described in section 404 of the Code (whether or not such plan is "qualified"). Note: For 1975 the rules in (d) apply (1) if the employee is covered by a plan that came into existence after January 1,

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- (d) to whom you paid remuneration (which is includible in your employee's gross income) for services, including the cash value of such remuneration paid in any medium other then cash. This applies if you are engaged in a trade or business and the employee is covered by a deferred compensation plan described in section 404 of the Code (whether or not such plan is "qualified"). **Note:** For 1975 the rules in (d) apply (1) if the employee is covered by a plan that came into existence after January 1,

1974, or (2) if the plan elected to have the new pension rules apply for 1975.

Give Copies B, C, and 2 to the employee either (a) on or before February 2, 1976, if he is in your employ at the close of the year, or (b) within 30 days after the last wage payment. If his employment ends before the close of the year. Forward Copy A to the Internal Revenue Service Center on or before March 1, 1976. (For further information, see Forms 941, 942, W-3, or Circular E. Farmers, see Circular A.)

Fill in your identification number, name, and address; the employee's social security number, information, as applicable: following

Box 1.—Federal Income tax withheld.

Box 2.—Wages, tips, and other compensation. The sum of wages paid (including sick pay and non-cash rumuneration), tips reported, and all other compensation (amounts includible in the employee's gross income but not subject to Federal Income tax withholding). The amount in box 2 is before any payroll deductions.

Box 3.—FICA employee's tax withheld.-Total, if any, FICA employee tax (not employer tax) withheld. If there was an adjustment in 1975 to correct the FICA taxes for a prior year,

1974, or (2) if the plan elected to have the new pension rulés apply for 1975.

Give Copies B, C, and 2 to the employee either (a) on or before February 2, 1976, if he is in your employ at the close of the year, or (b) within 30 days after the last wage payment. If his employment ends before the close of the year. Forward Copy A to the Internal Revenue Service Center on or before March 1, 1976. (For further information, see Forms 941, 942, W–3, we consider a consider a consider the constant of the co or Circular E. Farmers, see Circular A.)

Fill in your identification number, name, and address; the employee's social security number, and the and address; following information, as applicable:

Box 1.—Federal Income tax withheld.

Box 2.-Wages, tips, and other compensation. The sum of wages paid (including sick pay and non-cash rumuneration), tips reported, and all other compensation (amounts includible in the employee's gross income but not subject to Federal Income tax withholding). The amount in box 2 is before any payroll deductions.

Box 3.—FICA employee's tax withheld.— Total, if any, FICA employee tax (not employer tax) withheld. If there was an adjustment in 1975 to correct the FICA taxes for a prior year, see Form W-3.

1974, or (2) if the plan elected to have the new pension rules apply for 1975.

Give Copies B, C, and 2 to the employee either (a) on or before February 2, 1976, if he is in your employ at the close of the year, or (b) within 30 days after the last wage payment. If his employment ends before the close of the year. Forward Copy A to the Internal Revenue Service Center on or before March 1, 1976. (For further information, see Forms 941, 942, W-3, or Circular E. Farmers, see Circular A.)

Fill in your identification number, name, and address; the employee's social security number, following and address; and the information, as applicable:

Box 1.—Federal Income tax withheld.

Box 2.—Wages, tips, and other compensation. The sum of wages paid (including sick pay and non-cash rumuneration), tips reported, and all other compensation (amounts includible in the employee's gross income but not subject to Federal Income tax withholding). The amount in box 2 is before any payroll deductions.

Box 3.—FICA employee's tax withheld.-Total, if any, FICA employee tax (not employer tax) withheld. If there was an adjustment in 1975 to correct the FICA taxes for a prior year, see Form W-3.

Box 4. Total FICA wages.—Total wages paid and tips reported (before payroll deductions) subject to FICA. Non-cash remuneration is considered wages. You need not make a FICA wage entry if (1) FICA wages equal the amount shown in box 2, or (2) FICA wages are the maximum subject to FICA tax, and total wages for income tax withbulding and total wages for income tax withholding purposes exceed that maximum.

Box 5.—If employee was covered by a qualified pension or profit-sharing retirement plan enter the word "Yes." If employee was not covered by a qualified plan enter the word "No.

Boxes 6 and 7.—Complete boxes 6 and/or 7 if the following applies:

(a) If there was uncollected employee FICA tax on tips.—See Circular E for Instructions,

(b) Enter the cost of group-term life insurance you provided for your employee to the extent that it exceeds \$50,000 of coverage.

If (a) or (b) does not apply, you may show "excludable sick pay" (See Circular E for instructions) or any other information that you want to furnish to your employee.

Any entry made in these boxes must be clearly identified on all copies.

If this is a corrected form check the box in the left margin and type the words CORRECTED RETURN in all caps directly above the title "Wage and Tax Statement."

Box 4. Total FICA wages.—Total wages paid and tips reported (before pavroll paid and tips reported (before payroll deductions) subject to FICA. Non-cash remuneration is considered wages. You need not make a FICA wage entry if (1) FICA wages equal the amount shown in box 2, or (2) FICA wages are the maximum subject to FICA tax, and total wages for income tax, withholding and total wages for income tax withholding purposes exceed that maximum.

Box 5.—If employee was covered by a qualified pension or profit-sharing retirement plan enter the word "Yes." If employee was not covered by a qualified plan enter the word "No."

Boxes 6 and 7.—Complete boxes 6 and/or 7 if the following applies:

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If this is a corrected form check the box in the left margin and type the words CORRECTED RETURN in all caps directly above the title "Wage and Tax Statement."

		Wage	and Tax S	tatement 19 75
			Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.	Copy 1 For State, City, or Local Tax Dept. Employee's copy and employer's copy compared Employer's State identifying number
Employee's social security number	1 Federal income tax withheld	Wage, tips, and other compensation	3 FICA employee tax withheld	4 Total FICA wages
Type or print Employee's name,	address, and ZIP code below.	5 Was employee covered by a qualified pension plan, etc.?	6 *	7 *
		8 State or local tax withheld	9 State or local wage	s 10 State or locality
		11 State or local tax withheld	12 State or local wage	es 13 State or locality
				-
		Wage	and Tax S	
			Type or print EMPLOYER'S name, address,	Copy 1 For State, City, or Local Tax Dept.

		Wage	and Tax S	tatement 1975
			Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.	Copy 1 For State, City, or Local Tax Dept. Employee's copy and employer's copy compared Employer's State identifying number
Employee's social security number	1 Federal income tax withheld	Wage, tips, and other compensation	3 FICA employee tax withheld	4 Total FICA wages
Type or print Employee's name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?	6 *	7 *
		8 State or local tax withheld	9 State or local wage	es 10 State or locality
		11 State or local tax withheld	12 State or local wage	es 13 State or locality

Wage and Tax Statement

19**75**

				Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.	Cit	Copy 1 For State, y, or Local Tax Dept. Employee's copy and employer's copy compared over's State identifying number
Employee's social security number	1 Federal income tax withheld	Wage, tips, and other compensation	3	FICA employee tax withheld		4 Total FICA wages
Type or print Employee's name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?	6	*		7 *
		8 State or local tax withheld	9	State or local wage	S	10 State or locality
		11 State or local tax withheld	12	State or local wage	es	13 State or locality

			Type or print EMPLOYER'S name, address ZIP code and	i,	Copy 2 To be filed with employee's State, City, or Local Income Tax Return Employee's copy and employer's copy compared Employer's State identifying number	
			Federal identifying number.	E		
Employee's social security number	1 Federal income tax withheld	Wage, tips, and other compensation	3 FICA employee withheld	tax	4 Total FICA wages	
Type or print Employee's name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?	6 *		7 *	
		8 State or local tax withheld	9 State or local w	ages	10 State or locality	
		11 State or local tax withheld	12 State or local v	/ages	13 State or locality	
		Wage	e and Tax Type or print EMPLOYER'S		Copy 2 To be filed with employee's State, City,	
		Wage	✓ Type or print		Copy 2 To be filed	
		Wage	Type or print EMPLOYER'S name, address ZIP code and Federal identifying	,	Copy 2 To be filed with employee's State, City, or Local Income Tax Return Employee's copy and employer's copy compared	
	Federal income tax withheld	2 Wage, tips, and other	Type or print EMPLOYER'S name, address ZIP code and Federal identifying number. 3 FICA employee	;, 	Copy 2 To be filed with employee's State, City, or Local Income Tax Return Employee's copy and	
	1 Federal income tax withheld		Type or print EMPLOYER'S name, address ZIP code and Federal identifying number.	;, 	Copy 2 To be filed with employee's State, City, or Local Income Tax Return Employee's copy and employer's copy compared mployer's State identifying number	
number		2 Wage, tips, and other	Type or print EMPLOYER'S name, address ZIP code and Federal identifying number. 3 FICA employee withheld	;, 	Copy 2 To be filed with employee's State, City, or Local Income Tax Return Employee's copy and employer's copy compared mployer's State identifying number	
number		Wage, tips, and other compensation Was employee covered by a	Type or print EMPLOYER'S name, address ZIP code and Federal identifying number. 3 FICA employee withheld	E tax	Copy 2 To be filed with employee's State, City, or Local Income Tax Return Employee's copy and employer's copy compared mployer's State identifying numbe	
number		Wage, tips, and other compensation Was employee covered by a qualified pension plan, etc.?	Type or print EMPLOYER'S name, address ZIP code and Federal identifying number. 3 FICA employee withheld	e tax	Copy 2 To be filed with employee's State, City, or Local Income Tax Return Employee's copy and employer's copy compared mployer's State identifying number 4 Total FICA wages 7 *	
number		2 Wage, tips, and other compensation 5 Was employee covered by a qualified pension plan, etc.? 8 State or local tax withheld	Type or print EMPLOYER'S name, address ZIP code and Federal identifying number. 3 FICA employee withheld 6 *	e tax	Copy 2 To be filed with employee's State, City, or Local Income Tax Return Employee's copy and employer's copy compared mployer's State identifying numbe 4 Total FICA wages 7 *	
number		2 Wage, tips, and other compensation 5 Was employee covered by a qualified pension plan, etc.? 8 State or local tax withheld 11 State or local tax withheld	Type or print EMPLOYER'S name, address ZIP code and Federal identifying number. 3 FICA employee withheld 6 *	E tax ages	Copy 2 To be filed with employee's State, City, or Local Income Tax Return Employee's copy and employer's copy compared mployer's State identifying number 4 Total FICA wages 7 * 10 State or locality	
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			Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.	with employee's State, City, or Local Income Tax Return Employee's copy and employer's copy compared Employer's State identifying number
Employee's social security number	1 Federal income tax withheld	2 Wage, tips, and other compensation	3 FICA employee tax withheld	4 Total FICA wages
Type or print Employee's name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?	6 *	7 *
		8 State or local tax withheld	9 State or local wage	s 10 State or locality
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