

1 Control number		22222		For Official Use Only ▶ OMB No. 1545-0008							
2 Employer's name, address, and ZIP code				6 Statutory employee <input type="checkbox"/> Deceased <input type="checkbox"/> Pension plan <input type="checkbox"/> Legal rep. <input type="checkbox"/> 942 emp. <input type="checkbox"/> Subtotal <input type="checkbox"/> Deferred compensation <input type="checkbox"/> Void <input type="checkbox"/>							
				7 Allocated tips		8 Advance EIC payment					
				9 Federal income tax withheld		10 Wages, tips, other compensation					
3 Employer's identification number		4 Employer's state I.D. number		11 Social security tax withheld		12 Social security wages					
5 Employee's social security number				13 Social security tips		14 Medicare wages and tips					
19a Employee's name (first, middle, last)				15 Medicare tax withheld		16 Nonqualified plans					
19b Employee's address and ZIP code				17 See Instrs. for Form W-2		18 Other					
20		21		22 Dependent care benefits		23 Benefits included in Box 10					
24 State income tax		25 State wages, tips, etc.		26 Name of state		27 Local income tax		28 Local wages, tips, etc.		29 Name of locality	

Copy A For Social Security Administration

Department of the Treasury—Internal Revenue Service

Form **W-2 Wage and Tax Statement 1991**

For Paperwork Reduction Act Notice, see separate instructions.

**Do NOT Cut or Separate Forms on This Page**

1 Control number		22222		For Official Use Only ▶ OMB No. 1545-0008							
2 Employer's name, address, and ZIP code				6 Statutory employee <input type="checkbox"/> Deceased <input type="checkbox"/> Pension plan <input type="checkbox"/> Legal rep. <input type="checkbox"/> 942 emp. <input type="checkbox"/> Subtotal <input type="checkbox"/> Deferred compensation <input type="checkbox"/> Void <input type="checkbox"/>							
				7 Allocated tips		8 Advance EIC payment					
				9 Federal income tax withheld		10 Wages, tips, other compensation					
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19b Employee's address and ZIP code				17 See Instrs. for Form W-2		18 Other					
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Copy A For Social Security Administration

Department of the Treasury—Internal Revenue Service

Form **W-2 Wage and Tax Statement 1991**

For Paperwork Reduction Act Notice, see separate instructions.



<b>1</b> Control number		OMB No. 1545-0008										
<b>2</b> Employer's name, address, and ZIP code				<b>6</b> Statutory employee <input type="checkbox"/> Deceased <input type="checkbox"/> Pension plan <input type="checkbox"/> Legal rep. <input type="checkbox"/>				942 emp. <input type="checkbox"/>		Subtotal <input type="checkbox"/>	Deferred compensation <input type="checkbox"/>	Void <input type="checkbox"/>
				<b>7</b> Allocated tips				<b>8</b> Advance EIC payment				
				<b>9</b> Federal income tax withheld				<b>10</b> Wages, tips, other compensation				
<b>3</b> Employer's identification number		<b>4</b> Employer's state I.D. number		<b>11</b> Social security tax withheld				<b>12</b> Social security wages				
<b>5</b> Employee's social security number		<b>13</b> Social security tips				<b>14</b> Medicare wages and tips						
<b>19</b> Employee's name, address, and ZIP code				<b>15</b> Medicare tax withheld				<b>16</b> Nonqualified plans				
				<b>17</b>				<b>18</b> Other				
<b>20</b>		<b>21</b>		<b>22</b> Dependent care benefits				<b>23</b> Benefits included in Box 10				
<b>24</b> State income tax		<b>25</b> State wages, tips, etc.		<b>26</b> Name of state		<b>27</b> Local income tax		<b>28</b> Local wages, tips, etc.		<b>29</b> Name of locality		

Copy 1 For State, City, or Local Tax Department

Department of the Treasury—Internal Revenue Service

Form **W-2 Wage and Tax Statement 1991**

Employee's and employer's copy compared

<b>1</b> Control number		OMB No. 1545-0008										
<b>2</b> Employer's name, address, and ZIP code				<b>6</b> Statutory employee <input type="checkbox"/> Deceased <input type="checkbox"/> Pension plan <input type="checkbox"/> Legal rep. <input type="checkbox"/>				942 emp. <input type="checkbox"/>		Subtotal <input type="checkbox"/>	Deferred compensation <input type="checkbox"/>	Void <input type="checkbox"/>
				<b>7</b> Allocated tips				<b>8</b> Advance EIC payment				
				<b>9</b> Federal income tax withheld				<b>10</b> Wages, tips, other compensation				
<b>3</b> Employer's identification number		<b>4</b> Employer's state I.D. number		<b>11</b> Social security tax withheld				<b>12</b> Social security wages				
<b>5</b> Employee's social security number		<b>13</b> Social security tips				<b>14</b> Medicare wages and tips						
<b>19</b> Employee's name, address, and ZIP code				<b>15</b> Medicare tax withheld				<b>16</b> Nonqualified plans				
				<b>17</b>				<b>18</b> Other				
<b>20</b>		<b>21</b>		<b>22</b> Dependent care benefits				<b>23</b> Benefits included in Box 10				
<b>24</b> State income tax		<b>25</b> State wages, tips, etc.		<b>26</b> Name of state		<b>27</b> Local income tax		<b>28</b> Local wages, tips, etc.		<b>29</b> Name of locality		



Copy 1 For State, City, or Local Tax Department

Department of the Treasury—Internal Revenue Service

Form **W-2 Wage and Tax Statement 1991**

Employee's and employer's copy compared





<b>1</b> Control number		OMB No. 1545-0008	
<b>2</b> Employer's name, address, and ZIP code			
<b>6</b> Statutory employee <input type="checkbox"/>		Deceased <input type="checkbox"/>	Pension plan <input type="checkbox"/>
Legal rep. <input type="checkbox"/>		942 emp. <input type="checkbox"/>	Subtotal <input type="checkbox"/>
Deferred compensation <input type="checkbox"/>		Void <input type="checkbox"/>	
<b>7</b> Allocated tips		<b>8</b> Advance EIC payment	
<b>9</b> Federal income tax withheld		<b>10</b> Wages, tips, other compensation	
<b>3</b> Employer's identification number	<b>4</b> Employer's state I.D. number	<b>11</b> Social security tax withheld	<b>12</b> Social security wages
<b>5</b> Employee's social security number		<b>13</b> Social security tips	<b>14</b> Medicare wages and tips
<b>19</b> Employee's name, address, and ZIP code			
<b>15</b> Medicare tax withheld		<b>16</b> Nonqualified plans	
<b>17</b> See Instrs. for Box 17		<b>18</b> Other	
<b>20</b> 		<b>21</b> 	
<b>22</b> Dependent care benefits		<b>23</b> Benefits included in Box 10	
<b>24</b> State income tax	<b>25</b> State wages, tips, etc.	<b>26</b> Name of state	<b>27</b> Local income tax
<b>28</b> Local wages, tips, etc.		<b>29</b> Name of locality	

Copy B To Be Filed With Employee's FEDERAL Tax Return

Department of the Treasury—Internal Revenue Service

Form **W-2 Wage and Tax Statement 1991**

This information is being furnished to the Internal Revenue Service.

<b>1</b> Control number		OMB No. 1545-0008	
<b>2</b> Employer's name, address, and ZIP code			
<b>6</b> Statutory employee <input type="checkbox"/>		Deceased <input type="checkbox"/>	Pension plan <input type="checkbox"/>
Legal rep. <input type="checkbox"/>		942 emp. <input type="checkbox"/>	Subtotal <input type="checkbox"/>
Deferred compensation <input type="checkbox"/>		Void <input type="checkbox"/>	
<b>7</b> Allocated tips		<b>8</b> Advance EIC payment	
<b>9</b> Federal income tax withheld		<b>10</b> Wages, tips, other compensation	
<b>3</b> Employer's identification number	<b>4</b> Employer's state I.D. number	<b>11</b> Social security tax withheld	<b>12</b> Social security wages
<b>5</b> Employee's social security number		<b>13</b> Social security tips	<b>14</b> Medicare wages and tips
<b>19</b> Employee's name, address, and ZIP code			
<b>15</b> Medicare tax withheld		<b>16</b> Nonqualified plans	
<b>17</b> See Instrs. for Box 17		<b>18</b> Other	
<b>20</b> 		<b>21</b> 	
<b>22</b> Dependent care benefits		<b>23</b> Benefits included in Box 10	
<b>24</b> State income tax	<b>25</b> State wages, tips, etc.	<b>26</b> Name of state	<b>27</b> Local income tax
<b>28</b> Local wages, tips, etc.		<b>29</b> Name of locality	

Copy B To Be Filed With Employee's FEDERAL Tax Return

Department of the Treasury—Internal Revenue Service

Form **W-2 Wage and Tax Statement 1991**

This information is being furnished to the Internal Revenue Service.



1 Control number				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.								
		OMB No. 1545-0008										
2 Employer's name, address, and ZIP code				6 Statutory employee	Deceased	Pension plan	Legal rep.	942 emp.	Subtotal	Deferred compensation	Void	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				7 Allocated tips				8 Advance EIC payment				
				9 Federal income tax withheld				10 Wages, tips, other compensation				
3 Employer's identification number		4 Employer's state I.D. number		11 Social security tax withheld				12 Social security wages				
5 Employee's social security number				13 Social security tips				14 Medicare wages and tips				
19 Employee's name, address, and ZIP code				15 Medicare tax withheld				16 Nonqualified plans				
				17 See Instrs. for Box 17				18 Other				
20		21		22 Dependent care benefits				23 Benefits included in Box 10				
24 State income tax		25 State wages, tips, etc.		26 Name of state		27 Local income tax		28 Local wages, tips, etc.		29 Name of locality		

Copy C For EMPLOYEE'S RECORDS (See Notice on back.)

Department of the Treasury—Internal Revenue Service

Form **W-2 Wage and Tax Statement 1991**

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		OMB No. 1545-0008										
2 Employer's name, address, and ZIP code				6 Statutory employee	Deceased	Pension plan	Legal rep.	942 emp.	Subtotal	Deferred compensation	Void	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				7 Allocated tips				8 Advance EIC payment				
				9 Federal income tax withheld				10 Wages, tips, other compensation				
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Copy C For EMPLOYEE'S RECORDS (See Notice on back.)

Department of the Treasury—Internal Revenue Service

Form **W-2 Wage and Tax Statement 1991**

## Notice to Employee:

**Getting a Refund.**—Even if you do not have to file a tax return, you should file to get a refund if Box 9 shows Federal income tax withheld, or if you can take the earned income credit.

**Earned Income Credit.**—You must file a tax return if any amount is shown in Box 8.

For 1991, if your income is less than \$21,245 and you have one qualifying child, you may qualify for an earned income credit (EIC) up to \$1,192. If your income is less than \$21,245 and you have two or more qualifying children, you may qualify for an earned income credit up to \$1,235. Any EIC that is more than your tax liability is refunded to you, but ONLY if you file a tax return. For example, if you have no tax liability and qualify for a \$300 EIC, you can get \$300, but only if you file a tax return. The 1991 instructions for Forms 1040 and 1040A, and Pub. 596, explain the EIC in more detail. You can get the instructions and the publication by calling toll-free 1-800-829-3676.

**Making Corrections.**—If your name, social security number, or address is incorrect, correct Copies B, C, and 2. Ask your employer to correct your employment record. If your name and number are correct but are not the same as shown on your social security card, you should ask for a new card at any Social Security office.

If any of the dollar amounts are incorrect, ask your employer for a **Form W-2c**, Statement of Corrected Income and Tax Amounts. If you already filed a return and the information from this Form W-2 was not included, amend your income tax return by filing Form 1040X.

**Credit for Excess Social Security Tax.**—If more than one employer paid you wages during 1991 and more than the maximum

social security employee tax, Medicare tax, railroad retirement (RRTA) tax, or combined social security, Medicare, and RRTA tax was withheld, you may claim the excess as a credit against your Federal income tax. See your income tax return instructions.

**Box 6.**—If the "Pension plan" box is marked, special limits may apply to the amount of IRA contributions you may deduct on your return. If the "Deferred compensation" box is marked, the elective deferrals shown in Box 17 (for all employers, and for all such plans to which you belong) are generally limited to \$7,979 (\$9,500 for certain section 403(b) contracts and \$7,500 for section 457 plans). Amounts over that must be included in income.

**Caution:** *The elective deferral dollar limitation of \$7,979 is subject to change for 1991.*

**Box 7.**—For information on how to report tips on your tax return, see the instructions for Form 1040, 1040A, or 1040EZ. The amount of allocated tips is **not** included in Box 10.

**Box 16.**—Any amount in Box 16 is a distribution made to you from a nonqualified deferred compensation plan. This amount is also included in Box 10 and is taxable for Federal income tax purposes.

**Box 17.**—If there is an amount in Box 17, there should be a code (letter) next to it. You can find out what the code means from the list below. You may need this information to complete your tax return. The codes are:

**A**—Uncollected social security tax on tips (See your Form 1040 instructions for how to pay this tax.)

**B**—Uncollected Medicare tax on tips (See your Form 1040 instructions for how to pay this tax.)

**C**—Cost of group-term life insurance coverage over \$50,000

**D**—Section 401(k) contributions

**E**—Section 403(b) contributions

**F**—Section 408(k)(6) contributions

**G**—Section 457 contributions

**H**—Section 501(c)(18)(D) contributions

**J**—Sick pay not includible as income

**K**—Tax on excess golden parachute payments

**L**—Nontaxable part of employee business expense reimbursements

**M**—Uncollected social security tax on cost of group-term life insurance coverage over \$50,000 (former employees only) (See your Form 1040 instructions for how to pay this tax.)

**N**—Uncollected Medicare tax on cost of group-term life insurance coverage over \$50,000 (former employees only) (See your Form 1040 instructions for how to pay this tax.)

**Box 22.**—The amount in this box is the total amount of dependent care benefits your employer paid to you (or incurred on your behalf). Any amount over \$5,000 has been included in Box 10. Also, if you are claiming the credit for child and dependent care expenses, you must use this amount to determine the amount of credit you are able to claim. See the instructions for Form 1040 and 1040A.

**Box 23.**—This amount has already been included as wages in Box 10. Do not add this amount to Box 10. If there is an amount in Box 23, you may be able to deduct expenses that are related to fringe benefits; see the instructions for your income tax return.

## Notice to Employee:

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**E**—Section 403(b) contributions

**F**—Section 408(k)(6) contributions

**G**—Section 457 contributions

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**J**—Sick pay not includible as income

**K**—Tax on excess golden parachute payments

**L**—Nontaxable part of employee business expense reimbursements

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<b>1</b> Control number		OMB No. 1545-0008																		
<b>2</b> Employer's name, address, and ZIP code					<b>6</b> Statutory employee <input type="checkbox"/>		Deceased <input type="checkbox"/>		Pension plan <input type="checkbox"/>		Legal rep. <input type="checkbox"/>		942 emp. <input type="checkbox"/>		Subtotal <input type="checkbox"/>		Deferred compensation <input type="checkbox"/>		Void <input type="checkbox"/>	
					<b>7</b> Allocated tips						<b>8</b> Advance EIC payment									
					<b>9</b> Federal income tax withheld						<b>10</b> Wages, tips, other compensation									
<b>3</b> Employer's identification number				<b>4</b> Employer's state I.D. number				<b>11</b> Social security tax withheld				<b>12</b> Social security wages								
<b>5</b> Employee's social security number								<b>13</b> Social security tips				<b>14</b> Medicare wages and tips								
<b>19</b> Employee's name, address, and ZIP code					<b>15</b> Medicare tax withheld					<b>16</b> Nonqualified plans										
					<b>17</b>					<b>18</b> Other										
<b>20</b>				<b>21</b>				<b>22</b> Dependent care benefits				<b>23</b> Benefits included in Box 10								
<b>24</b> State income tax		<b>25</b> State wages, tips, etc.		<b>26</b> Name of state		<b>27</b> Local income tax		<b>28</b> Local wages, tips, etc.		<b>29</b> Name of locality										

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

Department of the Treasury—Internal Revenue Service

Form **W-2 Wage and Tax Statement 1991**

Employee's and employer's copy compared

<b>1</b> Control number		OMB No. 1545-0008																		
<b>2</b> Employer's name, address, and ZIP code					<b>6</b> Statutory employee <input type="checkbox"/>		Deceased <input type="checkbox"/>		Pension plan <input type="checkbox"/>		Legal rep. <input type="checkbox"/>		942 emp. <input type="checkbox"/>		Subtotal <input type="checkbox"/>		Deferred compensation <input type="checkbox"/>		Void <input type="checkbox"/>	
					<b>7</b> Allocated tips						<b>8</b> Advance EIC payment									
					<b>9</b> Federal income tax withheld						<b>10</b> Wages, tips, other compensation									
<b>3</b> Employer's identification number				<b>4</b> Employer's state I.D. number				<b>11</b> Social security tax withheld				<b>12</b> Social security wages								
<b>5</b> Employee's social security number								<b>13</b> Social security tips				<b>14</b> Medicare wages and tips								
<b>19</b> Employee's name, address, and ZIP code					<b>15</b> Medicare tax withheld					<b>16</b> Nonqualified plans										
					<b>17</b>					<b>18</b> Other										
<b>20</b>				<b>21</b>				<b>22</b> Dependent care benefits				<b>23</b> Benefits included in Box 10								
<b>24</b> State income tax		<b>25</b> State wages, tips, etc.		<b>26</b> Name of state		<b>27</b> Local income tax		<b>28</b> Local wages, tips, etc.		<b>29</b> Name of locality										



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

Department of the Treasury—Internal Revenue Service

Form **W-2 Wage and Tax Statement 1991**

Employee's and employer's copy compared





<b>1</b> Control number		OMB No. 1545-0008																	
<b>2</b> Employer's name, address, and ZIP code				<b>6</b> Statutory employee <input type="checkbox"/>		Deceased <input type="checkbox"/>		Pension plan <input type="checkbox"/>		Legal rep. <input type="checkbox"/>		942 emp. <input type="checkbox"/>		Subtotal <input type="checkbox"/>		Deferred compensation <input type="checkbox"/>		Void <input type="checkbox"/>	
				<b>7</b> Allocated tips						<b>8</b> Advance EIC payment									
				<b>9</b> Federal income tax withheld						<b>10</b> Wages, tips, other compensation									
<b>3</b> Employer's identification number			<b>4</b> Employer's state I.D. number			<b>11</b> Social security tax withheld			<b>12</b> Social security wages										
<b>5</b> Employee's social security number						<b>13</b> Social security tips			<b>14</b> Medicare wages and tips										
<b>19</b> Employee's name, address, and ZIP code				<b>15</b> Medicare tax withheld				<b>16</b> Nonqualified plans											
				<b>17</b> See Instrs. for Form W-2				<b>18</b> Other											
				<b>20</b> 				<b>21</b> 				<b>22</b> Dependent care benefits				<b>23</b> Benefits included in Box 10			
<b>24</b> State income tax		<b>25</b> State wages, tips, etc.		<b>26</b> Name of state		<b>27</b> Local income tax		<b>28</b> Local wages, tips, etc.		<b>29</b> Name of locality									

Copy D For Employer

Department of the Treasury—Internal Revenue Service

Form **W-2 Wage and Tax Statement 1991**

<b>1</b> Control number		OMB No. 1545-0008																	
<b>2</b> Employer's name, address, and ZIP code				<b>6</b> Statutory employee <input type="checkbox"/>		Deceased <input type="checkbox"/>		Pension plan <input type="checkbox"/>		Legal rep. <input type="checkbox"/>		942 emp. <input type="checkbox"/>		Subtotal <input type="checkbox"/>		Deferred compensation <input type="checkbox"/>		Void <input type="checkbox"/>	
				<b>7</b> Allocated tips						<b>8</b> Advance EIC payment									
				<b>9</b> Federal income tax withheld						<b>10</b> Wages, tips, other compensation									
<b>3</b> Employer's identification number			<b>4</b> Employer's state I.D. number			<b>11</b> Social security tax withheld			<b>12</b> Social security wages										
<b>5</b> Employee's social security number						<b>13</b> Social security tips			<b>14</b> Medicare wages and tips										
<b>19</b> Employee's name, address, and ZIP code				<b>15</b> Medicare tax withheld				<b>16</b> Nonqualified plans											
				<b>17</b> See Instrs. for Form W-2				<b>18</b> Other											
				<b>20</b> 				<b>21</b> 				<b>22</b> Dependent care benefits				<b>23</b> Benefits included in Box 10			
<b>24</b> State income tax		<b>25</b> State wages, tips, etc.		<b>26</b> Name of state		<b>27</b> Local income tax		<b>28</b> Local wages, tips, etc.		<b>29</b> Name of locality									

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Department of the Treasury—Internal Revenue Service

Form **W-2 Wage and Tax Statement 1991**