

W-2 INFORMATION

If you are required to give W-2's to anyone for this calendar year, fill in the spaces below. A W-2 form must be prepared and given to each employee (a) from whom income tax or FICA (Social Security Tax) has been withheld during the year or (b) from whom income tax would have been withheld for any payroll period during the year if the employee had claimed no more than one withholding exemption.

All W-2 amounts are figured on the CALENDAR (January – December) year and not on your Fiscal year and must be mailed or sent by January 31. Make sure all information is correct and on the proper line. The I.R.S. may fine you for any incorrect information provided on a W-2.

As you are aware, there is no extra charge for the preparation of these forms. Please do not use any substitute forms. You may make copies of this form if necessary.

W-2 INFORMATION:

YOU OR YOUR BUSINESS NAME (Who paid the wages) _____

YOUR ADDRESS _____

STREET OR BOX NUMBER

CITY

STATE _____ ZIP _____ YOUR SOCIAL SEC. OR BUSINESS I.D. # _____

RECIPIENT OF W-2 (EMPLOYEE):

NAME _____

ADDRESS _____

STREET

CITY

STATE

ZIP

SSN # _____ **GROSS WAGES** _____ MEDICARE TAX W/H (1.45%) _____
(Indicate cash or PIK)

SOC. SEC. TAX W/H (6.2%) _____ FED. TAX W/H _____ STATE TAX W/H _____

RECIPIENT OF W-2 (EMPLOYEE):

NAME _____

ADDRESS _____

STREET

CITY

STATE

ZIP

SSN # _____ **GROSS WAGES** _____ MEDICARE TAX W/H (1.45%) _____
(Indicate cash or PIK)

SOC. SEC. TAX W/H (6.2%) _____ FED. TAX W/H _____ STATE TAX W/H _____

RECIPIENT OF W-2 (EMPLOYEE):

NAME _____

ADDRESS _____

STREET

CITY

STATE

ZIP

SSN # _____ **GROSS WAGES** _____ MEDICARE TAX W/H (1.45%) _____
(Indicate cash or PIK)

SOC. SEC. TAX W/H (6.2%) _____ FED. TAX W/H _____ STATE TAX W/H _____
