

# W-LW2A

# Employer W-LW2NB

# Employee W-L4BL

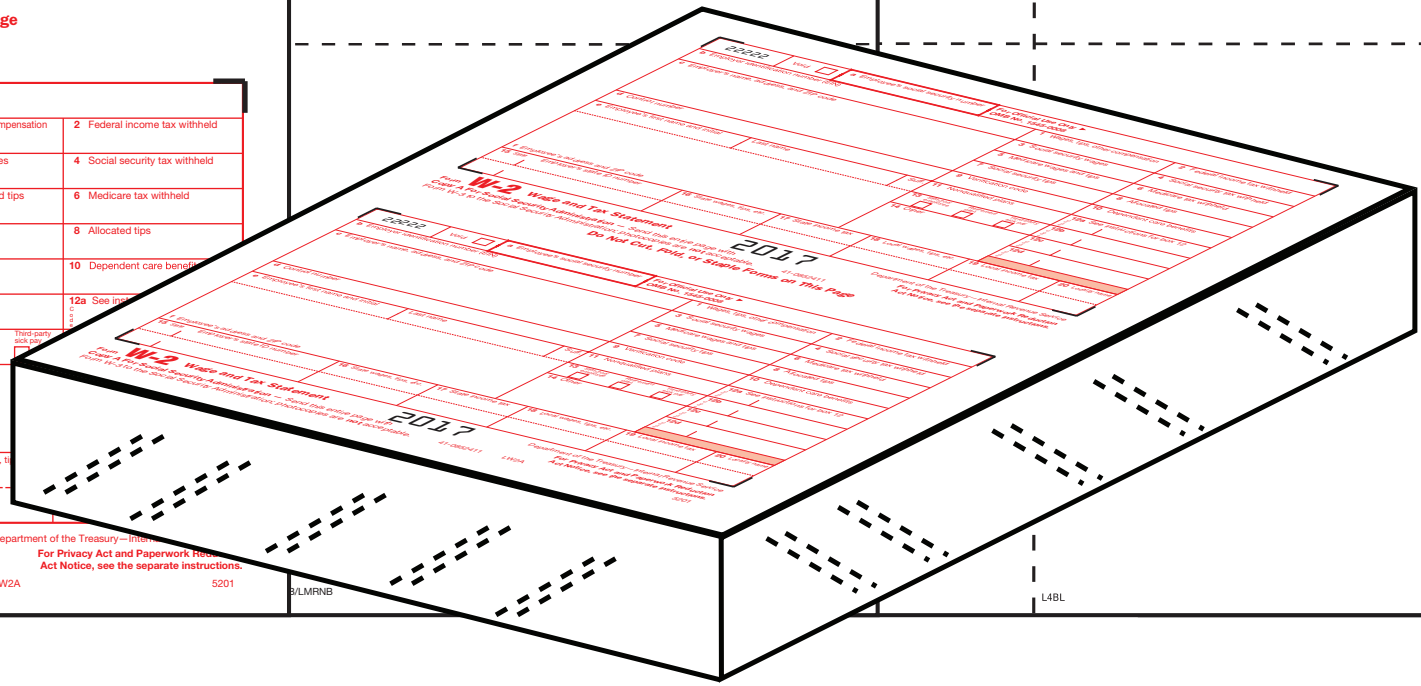
# W-LW3

22222		Void <input type="checkbox"/>	a Employee's social security number		For Official Use Only OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld		
c Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld		
			5 Medicare wages and tips	6 Medicare tax withheld		
			7 Social security tips	8 Allocated tips		
d Control number			9 Verification code	10 Dependent care benefits		
e Employee's first name and initial		Last name	Suff.	11 Nonqualified plans		12a See instructions for box 12
f Employee's address and ZIP code			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	
			14 Other			12b
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

**Form W-2 Wage and Tax Statement 2017** Department of the Treasury—Internal Revenue Service  
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			14 Other			12b
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

**Form W-2 Wage and Tax Statement 2017** Department of the Treasury—Internal Revenue Service  
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Official Use Only  
OMB No. 1545-0008

44	Kind of Employer (Check one)	None apply <input type="checkbox"/>	501c non-govt. <input type="checkbox"/>	Third-party sick pay (Check if applicable) <input type="checkbox"/>
		State/local non-501c <input type="checkbox"/>	State/local 501c <input type="checkbox"/>	Federal govt. <input type="checkbox"/>
1	Wages, tips, other compensation		2 Federal income tax withheld	
3	Social security wages		4 Social security tax withheld	
5	Medicare wages and tips		6 Medicare tax withheld	
7	Social security tips		8 Allocated tips	
9	Nonqualified plans		10 Dependent care benefits	
11	For third-party sick pay use only		12b	
14 Income tax withheld by payer of third-party sick pay				
18 Local wages, tips, etc.			19 Local income tax	
Employer's telephone number			For Official Use Only	
Employer's email address				

return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and

Title ▶ Date ▶

**and Tax Statements 2017** Department of the Treasury Internal Revenue Service  
 e of Form(s) W-2 to the Social Security Administration (SSA).  
 Form W-3 if you filed electronically with the SSA.  
 ders, etc.) with Forms W-2 and W-3.

ons for Forms  
 Do not file Form  
 to the SSA.

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 W-3 alone. All  
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**When To File Paper Forms**  
 Mail Form W-3 with Copy A of Form(s) W-2 by January 31, 2018.

**Where To File Paper Forms**  
 Send this entire page with the entire Copy A page of Form(s) W-2 to:  
**Social Security Administration  
 Direct Operations Center  
 Wilkes-Barre, PA 18769-0001**

**Note:** If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Publication 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

aperwork Reduction Act Notice, see the separate instructions.  
 41-0852411 5200 5209